

**STATE OF RHODE ISLAND
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**

PUBLIC NOTICE OF PROPOSED RULE-MAKING

In accordance with Rhode Island General Law (RIGL) 42-35 and 42-72-5, notice is hereby given that the Department of Children, Youth and Families proposes to amend the following DCYF rule:

CHILD CARE REGULATIONS

This amended rule, **Residential Child Care Regulations for Licensure**, formerly entitled **Child Care Regulations**, provides a comprehensive updated set of regulations, in compliance with federal and state law and regulation, for the licensing of residential child care facilities. This amended rule incorporates the provisions of and supersedes DCYF rule **Child Care Regulations: Addendum A Crisis Intervention, Restraint and Seclusion** (ERLID 1301).

The amended rule, **Residential Child Care Regulations for Licensure** addresses only residential child care. The previous rule, **Child Care Regulations**, addressed residential and specified types of non-residential child care, which are now addressed in promulgated DCYF rules relating to child day care homes and centers. The proposed rule includes an expanded definitions section; provides details, including time frames, relating to the licensing application, approval and re-licensing processes; specifies education and experience and staff training and development requirements for residential facility staff; specifies staffing ratios and resident supervision; provides requirements for search procedures; includes references to statutory and regulatory provisions relating to lead and radon inspections and incorporates and streamlines the crisis intervention and restraint procedures.

In the development of this rule, consideration was given to the following: (1) alternative approaches; and (2) overlap or duplication with other statutory and regulatory provisions. No alternative approach or duplication or overlap was identified based upon available information.

This proposed rule is accessible on the R.I. Secretary of State website (<http://www.sec.state.ri.us/ProposedRules/>) and the DCYF website (<http://www.dcyf.ri.gov>) or available in hard copy upon request (401 528-3549 or RI Relay, dial 711).

A public hearing will be held to consider the proposed amendments on **Tuesday, December 8, 2009 at 6:00 PM at the DaVinci Center for Community Progress, Inc., 470 Charles Street, Providence, RI 02904**. Persons wishing to testify may do so by signing up at the Hearing or by submitting written testimony by Friday, December 11, 2009 to Dorothy Hultine, Implementation Director for Policy and Programs, Department of Children, Youth and Families, 101 Friendship Street, Providence, RI 02903.

The Hearing will begin at 6:00 P.M. and will conclude when the last speaker finishes testimony or at 8:00 P.M., whichever occurs first. The seating capacity of the DaVinci Center will be enforced and therefore the number of persons participating in the Hearing may be limited at any given time by the hearing officer, in order to comply with safety and fire codes.

The DaVinci Center is accessible to the handicapped. Individuals with hearing impairments may request an interpreter's presence by calling RI Relay, 711. Requests for this service must be made at least 72 hours in advance of the Hearing date.

The Department of Children, Youth, and Families does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap. The prohibition against discriminatory practices extends to the agencies, organizations and institutions the Department licenses.

Patricia Martinez, Director

STATE OF RHODE ISLAND
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES



RESIDENTIAL CHILD CARE
REGULATIONS FOR LICENSURE

DRAFT
NOVEMBER 2009

RI DCYF
Residential Child Care Regulations for Licensure

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RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

RESIDENTIAL CHILD CARE REGULATIONS FOR LICENSURE

SECTION ONE - GENERAL PROVISIONS

I. LEGAL BASIS

RIGL 40-13.2 - Certification of Child Care and Youth Serving Agency Workers

RIGL 42-72 - Department of Children, Youth and Families

RIGL 42-72.1 - Licensing and Monitoring of Child Care Providers and Child-Placing Agencies

RIGL 42-72.9 - Children's Right to Freedom From Restraint Act

42 USC 201 - Children's Health Act of 2000

These regulations apply to all residential placements in accordance with the term "Facility", as defined in section III, DEFINITIONS below. They do not apply to boarding schools and educational programs approved by the Rhode Island Department of Education, recreational camps or programs licensed by the Department of Mental Health, Retardation and Hospitals, including nursing homes, hospitals, mental health centers and residential substance abuse programs. They do not pertain to the Rhode Island Training School.

A provider must demonstrate both in its license application and as an active program its ability to provide child care services in accordance with these regulations and in compliance with the laws of the State of Rhode Island. DCYF, as the licensing authority, will inspect all aspects of a program in order to determine compliance with these regulations. No provider will operate a Facility without a DCYF license.

II. STATEMENT OF INTENT

Chapter 42-72 of the Rhode Island General Laws requires the Rhode Island Department of Children, Youth and Families (DCYF) to provide for the safety and well-being of all youth who are placed in its care. DCYF is responsible for the regulation of all residential facilities for children.

The Children's Bill of Rights, RIGL 42-72-15, mandates that each child be treated in a humane and respectful manner with full consideration for the child's personal dignity and right to privacy. These regulations set standards to ensure that agencies create safe, clean, healthy and emotionally supportive environments where every child receives the least intrusive, most clinically appropriate intervention.

The Department utilizes a family centered practice approach, recognizing that family members play an important part in treatment planning. Residential child-care agencies play a critical role in promoting the principles of family centered practice by recognizing that families have strengths, supporting family members in caring for their children, creating an environment that respects cultural diversity, linking and coordinating with the community to access needed services and working with families to achieve the goals of safety, permanency and well-being.

The Department has formulated the portion of these regulations relating to crisis intervention, restraint and seclusion in compliance with the Children's Right to Freedom from Restraint Act (RIGL 42-72.9) and the Children's Health Act of 2000 (42 USC 201).

According to those laws, every child has the right to be free from the use of seclusion or restraint as a means of coercion, discipline or retaliation. The use of such techniques poses potential risks to physical safety and psychological well-being; non-physical interventions are the preferred techniques. The intent of these regulations is to minimize the use of restraint and seclusion and to ensure such interventions are employed only to prevent immediate harm to the physical safety of a child or other individuals in the Facility.

The Department of Children, Youth, and Families does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap. The prohibition against discriminatory practices extends to the agencies, organizations and institutions the Department licenses.

III. DEFINITIONS

APPLICANT means a child care provider applying for a license or a license renewal to operate a residential facility for children in the care of the Department.

BEDROOM SPACE means a minimum of fifty (50) square feet per child designated as a sleeping area. Any bedroom space developed subsequent to the effective date of these regulations will include an outside window.

BEHAVIOR MANAGEMENT POLICY means written policies and procedures for managing children's actions, including positive responses for appropriate behavior and consequences for rule violations.

BIO-PSYCHOSOCIAL ASSESSMENT means a comprehensive assessment of the functioning of the child and family, including their strengths, preferences, cultural background and influences, previous involvement in mental health or social services and current functioning. The assessment identifies current barriers and supports to community placement of the child, family reunification, ensuring community safety and the child's participation in local education.

CHEMICAL RESTRAINT means any medication used to control a child's behavior or to restrict the child's movement when the medication is not a standard treatment for the child's medical or psychiatric condition.

CHILD means any person less than eighteen (18) years of age, provided that a child over the age of eighteen (18) who continues to receive services from the Department and/or who is defined as emotionally disturbed and/or as a child with functional developmental disabilities as referenced in RIGL 42-72-5 is considered a child for purposes of these regulations, or any child who is subject to the continuing jurisdiction of the RI Family Court pursuant to RIGL 14-1-6.

CHILD ABUSE AND NEGLECT means the maltreatment of a child as defined by RIGL 40-11-2 and 14-1.

CHILD PLACING AGENCY means any private or public agency, which receives children for placement into independent living arrangements, supervised apartment living, residential group care facilities, family foster homes or adoptive homes.

CHILD PROTECTIVE SERVICES means the Child Protective Services (CPS) division of DCYF, including investigative and intake units.

COURT APPOINTED SPECIAL ADVOCATE (CASA) means the program established by the RI Family Court to provide representation to children in DCYF proceedings.

DCYF SERVICE PLAN means the Department's plan with a child and the child's family for care and treatment services.

DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES is referred to as DCYF, the Department, the Licensing Division or Unit and DCYF representatives.

DEPARTMENT OF HUMAN SERVICES (DHS) is the Medicaid Authority for the State of Rhode Island and the payor of medically necessary services for children with Medicaid coverage.

DIRECT CARE STAFF means any person employed or contracted by a Facility, on a temporary or permanent basis, to provide care, treatment, education or supervision of children in the placement.

EDUCATIONAL PROGRAM means a Facility with educational services certified by the Rhode Island Department of Education.

FACILITY means any agency, organization or public or private entity that provides residential treatment, residential group care or shelter care for children. The placements include but are not limited to independent living, semi-independent living and wilderness programs. The term encompasses "Covered Facility" as defined in RIGL 42-72.9-3.

FACILITY CASE RECORD means the placement's comprehensive collection of a child's medical, social and educational information, including treatment plans and service plans.

FACILITY SERVICE PLAN means the time-limited, goal-oriented individual service plan of care, treatment and education services that is developed and implemented by the Facility for a particular child.

FAMILY CENTERED PRACTICE means a best practice approach that allows the family's strengths, resources and needs to be identified in partnership with DCYF and service providers for the purpose of developing service plans and delivering appropriate services. Family centered practice includes the family members in making the decisions that will affect them and their children, and it is built upon a set of principles that embrace valuing the family and utilizing the family's community as a core support.

INDEPENDENT LIVING means the placement of a child in his/her own residence under the regular supervision of a licensed child placing agency.

LICENSED PRACTITIONER OF THE HEALING ARTS means a Doctoral and/or Masters Level clinician independently licensed in the State of Rhode Island in the field of medicine, psychology, nursing, social work, mental health counseling or marriage and family treatment who is required to sign the child's individual service plan.

LICENSING DIVISION means the Licensing Unit of DCYF.

LIFE THREATENING PHYSICAL RESTRAINT means any physical restraint or hold on a child that restricts the flow of air into the child's lungs by chest compression or any other means or any other restraint that may result in death.

LOCKED FACILITY means a Facility secured with locked doors to prevent children from exiting the premises at will.

MECHANICAL RESTRAINT means any approved mechanical restriction that immobilizes or reduces the movement of a child's arms, legs, torso or head in order to hold a child safely including: (1) medical devices, such as supports prescribed by a health care provider to achieve proper body position or balance; and (2) helmets or other protective gear used to protect a person from injury due to a fall or to prevent self-injury. Such devices must be part of a documented treatment plan and must be the least restrictive means available to prevent self-injury.

NATIONALLY RECOGNIZED MODEL OF CRISIS INTERVENTION AND PHYSICAL RESTRAINT means a Crisis Intervention and Restraint Program that is developed by an organization with the capacity to ensure quality training in, and evaluation of, the model consistent with **SECTION THREE - LICENSING STANDARDS, VI. PROGRAM REQUIREMENTS, L. Behavior Management, Safety and Crisis Intervention, Restraint and Seclusion below.**

OFFICE OF THE CHILD ADVOCATE means the legal office created by RIGL 42-73.

PARENT means the parent(s) or legal guardian(s) of a child.

PARENT AGENCY means the association of persons or the organization having responsibility for conducting the affairs of the Facility or of which the Facility is a subsidiary.

PROBATIONARY LICENSE means a license maintained by a Facility that is temporarily unable to comply with a licensing requirement. A probationary license shall be issued for up to twelve (12) months and may be extended for an additional six (6) months at the discretion of the Licensing administrator. A probationary license will be granted in accordance with RIGL 42-72.1-5.

PROVISIONAL LICENSE means a license issued for a period not to exceed six (6) months to an applicant who is not able to comply with a certain regulation or regulations because the Facility is not in full operation. A provisional license will be granted in accordance with RIGL 42-72.1-5.

RESIDENTIAL COUNSELING CENTER means a residential group care facility that maintains intensive staffing ratios to ensure the safety and security of the residents.

RESIDENTIAL GROUP CARE means any Facility that serves no more than eight (8) children and provides room and board, recreational programs and clinical and social services.

RESIDENTIAL TREATMENT means a Facility that provides care and treatment of children who need extended out-of-home care. Treatment includes medical services, psychiatric and/or psychological services, clinical social work, behavioral management interventions and educational and recreational services.

SECLUSION means the involuntary confinement of a child in a room, whether alone or with staff, in a manner that prevents the child from leaving the area. This definition does not pertain to Facilities or children where the terms of seclusion are defined pursuant to any particular judicial decree.

SERIOUS PHYSICAL INJURY means any injury requiring diagnostic or treatment services from a licensed medical provider.

SITE means the Facility premises.

SHELTER CARE means any Facility serving no more than eight (8) children, which provides emergency care for the purpose of stabilization or assessment in a group home for a period not exceeding ninety (90) days.

SEMI-INDEPENDENT LIVING means a program for adolescents with daily supervision and overnight staffing.

SUPPORT STAFF means individuals who do not maintain direct supervision and care of children.

THERAPEUTIC PHYSICAL RESTRAINT means the use of a staff member's body to immobilize or reduce the free movement of a child's arms, legs, torso or head in order to ensure the physical safety of a child or other individual in the Facility. The term does not include either brief holding of a resident in order to calm or comfort or the minimum contact necessary to safely escort a resident from one area to another.

TIME OUT means a child's brief separation from a group, not to exceed twenty (20) minutes, designed to de-escalate a child's behavior. During "time out" a child's freedom of movement is not restricted and the child need not be directly supervised, but must be visually monitored.

TOTAL QUALITY MANAGEMENT (TQM) means a management approach for an organization, centered on quality, based on the participation of all its members and aiming at long-term success through customer satisfaction and benefits to all members of the organization and to society.

SECTION TWO - LICENSING PROVISIONS

I. APPLICATION PROCESS

- A. The application packet is obtained from the DCYF Licensing Unit. A separate application must be filed for each proposed Facility.
- B. The completed licensing application packet, in accordance with section C. below, must be submitted to DCYF Licensing to initiate the Licensing process. An incomplete packet will be returned to the applicant.
- C. The application packet consists of the following:
 - 1. Facility Licensing Application and Checklist
 - a. The application must be fully completed and signed by the chief executive of the applying agency.
 - b. All information listed on the checklist must be provided.
 - 2. Documentation of fiscal responsibility evidencing sound financial structure and ability to meet the operating needs of the Facility
 - 3. Fire Safety inspection approvals or other evidence of compliance with with the Food and Drug and Health and Safety Acts, RIGL Titles 21 and 23 respectively, and any related regulations
 - 4. Agency Charter or Articles of Incorporation
 - 5. Documentation of Federal Tax Exempt Status
 - 6. Certificate of Occupancy or other evidence of compliance with the State Building Code for new construction or change of use
 - 7. Documentation of any national accreditations and any other licenses
 - 8. Evidence of community notification (refer to **DCYF Policy 900.0060, Vendor Guidelines for Establishing New Residential Programs**)

9. DCYF clearances (DCYF #035A) and results (DCYF #171) on all operators, employees and board members (refer to **DCYF Policy 700.0105, Clearance of Agency Activity**)
10. Criminal History Affidavit (DCYF #109) and statewide and nationwide, including fingerprinting, criminal records checks (refer to **DCYF Policy 900.0040, Criminal Records Checks**) on all operators and employees and DCYF #109 and statewide criminal records checks on board members
11. Employment History Affidavit (DCYF #108) (refer to **DCYF Policy: 900.0035, Employment Background Checks Facility Operators/Facility Employees**) on all operators and employees
12. Disaster and Emergency Response Plan
13. Behavior management and crisis intervention, restraint and seclusion policies
14. Identification of crisis intervention and restraint model to be utilized in the Facility
15. Documentation of completion of training in crisis intervention, restraint and seclusion and certification in First Aid and CPR
16. Documentation of licensure of the clinical supervisor or clinical director, confirming that the clinician is a licensed practitioner of the healing arts

D. Preliminary site evaluation is performed by DCYF licensing staff

II. DETERMINATION

- A. Upon receipt of a completed License application packet, the Licensing Division will take one of the following actions within ninety (90) days:
 1. Issue a license.
 2. Issue a Provisional License to a Facility not previously licensed in accordance with RIGL 42-72.1-5.
 3. Issue a Probationary License which sets forth terms of remediation as prescribed by RIGL 42-72.1-5.
 4. Deny the application (refer to section **V. APPEAL/HEARING** below).
- B. If a License is issued, the License remains valid from the date of issue to its expiration in one (1) year, or as otherwise consistent with RIGL 42-72.1-5, unless DCYF initiates licensing action for cause or the Facility voluntarily surrenders the license prior to that time.

III. VARIANCE

- A. The DCYF Director or designee may grant a variance to a regulation upon the submission of a written request setting forth the circumstances requiring the variance and demonstrating good cause for the variance to be granted.
- B. A variance may be granted when the situation does not jeopardize the health, safety and well-being of the children in care.
- C. An approved variance will contain a specified time frame, not to exceed ninety (90) days, and is subject to review and renewal.

IV. LICENSING VIOLATIONS AND COMPLAINTS

- A. Any complaint, which alleges a violation of these regulations will be referred to the DCYF Licensing Division for investigation.

1. When a Facility is found to be in violation of these regulations, the DCYF Licensing Administrator or designee sends written notice of the violation(s) to the chief executive of the Facility. The notice establishes a deadline for correcting the violation.
 2. The chief executive of the agency sends a corrective action plan to the Licensing Administrator or designee.
 3. If the Facility fails to comply with the time frame, the chief executive of the agency sends a written explanation for the delay to the Licensing Administrator or designee with a request for an amended time frame. This request must be received within twenty-four hours of the deadline.
 4. The Licensing Administrator or designee may either accept or reject the request in writing.
 5. If the Facility remains in violation at the end of the designated time frame, the Licensing Administrator or designee initiates action to suspend, revoke or continue the license on Probationary Status.
- B. Any complaint, which alleges that a child has been abused and/or neglected in a Facility will be referred to Child Protective Services.

V. APPEAL/HEARING

- A. Any applicant for licensure or licensee may appeal any action or decision of a Departmental staff person, supervisor or administrator that is adverse to the status as an applicant or license holder.
- B. All administrative hearings for appeals relating to licensing violations or terms will be held in accordance with **DCYF Policy 100.0055, Complaints and Hearings.**

VI. LICENSE RENEWAL

- A. The DCYF Licensing Unit provides a renewal application packet, which includes a compliance self-assessment report, to the Facility ninety (90) days prior to the expiration of the current License.
- B. Applicant returns the completed renewal application packet to the Licensing Unit at least thirty (30) days prior to the license expiration.
- C. Applicant provides documentation of fiscal accountability.
- D. Applicant requests updated DCYF clearances through the DCYF Licensing Unit and obtains statewide BCI checks in accordance with **DCYF Policy 700.0105, Clearance of Agency Activity** and **DCYF Policy 900.0040, Criminal Records Checks** and includes results in personnel file.
- E. DCYF conducts site inspection and records review prior to the expiration of the current license in order to determine compliance with the regulations.

SECTION THREE - LICENSING STANDARDS

I. ADMINISTRATION AND ORGANIZATION

- A. Parent Agency Responsibilities
1. The Parent Agency will maintain an organizational table accurately reflecting the structure of authority within the agency and the Facility.

2. The Parent Agency must have a written policy and procedure that requires the Facility's continual compliance with licensing requirements and conformity with the provisions of its charter.
3. The Parent Agency must ensure that an accredited Facility has a quality improvement plan, consistent with its Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF) or Council on Accreditation (COA) certification status, which is provided to families, the Department and advocates. A Facility that is not accredited must ascribe to the principles of Total Quality Management and have related policies and procedures, which are provided to families, the Department and advocates.
4. The Parent Agency must ensure that direct care staff includes qualified personnel capable of providing for the health and safety of the children assigned to their care; implementing all aspects of the program, including its policies and procedures and documenting and assessing behaviors of each child to ensure safety.
5. The Parent Agency will ensure that each Facility files an annual Financial Statement with the Licensing Division. The audit must be conducted by an independent certified public accountant. The audit must demonstrate that the facility has sound fiscal and allocation plans that meet its operating needs.

B. Facility Responsibilities

1. Each Facility will maintain a Purpose Statement available for inspection by any interested party. The Purpose Statement will include the following:
 - a. A statement of the Facility's philosophy and goals
 - b. A statement delineating which services are provided by the Facility and which services are provided through community resources
 - c. Identification of appropriate resources if the Parent Agency administers several programs at different sites
 - d. A listing of eligibility requirements, including age, sex, cognitive development, health status, treatment and service needs
2. Staffing Ratios and Resident Supervision
 - a. Each Facility will provide a description of the following:
 - i. The staff working on each shift
 - ii. "One-on-one coverage", "constant supervision" and any restrictions consistent with the Facility's behavior management program
 - iii. "Monitoring" and "supervision" of clients
 - b. Each Facility will have overnight staff/child ratios as follows:
 - i. Residential, Shelter and Residential Treatment Programs - overnight awake staff with a staff/child ratio of one to six (1:6).
 - ii. Semi-Independent Living Programs - overnight asleep staff, with a staff/child ratio of one to six (1:6).
 - c. Each Facility will have daytime awake staff/child ratio as follows:
 - i. Residential Group and Shelter Care programs will have a minimum of one staff to four residents (1:4).
 - ii. Residential Treatment Programs and Specialized Programs will have a minimum of one staff to three residents (1:3).
 - iii. Semi-Independent Living Programs will have a ratio of one staff to five residents (1:5).

- d. Each child must be adequately supervised at all times with immediate access to staff twenty-four (24) hours per day.
- e. Each Facility will provide a written plan for staff coverage in crisis and emergency situations.

C. Research

- 1. Research is permitted for a Facility or Parent Agency's internal evaluation. Research for any other purpose requires prior approval from DCYF and permission of the parent, if appropriate.
- 2. The child's anonymity must be maintained in all phases of the research as dictated by State and Federal law.

D. Notice Requirements

- 1. The Facility must report any known or suspected child abuse or neglect to DCYF at **1-800-RI-CHILD** in accordance with RIGL 40-11-3 and **DCYF Policy 500.0000, Reporting Child Abuse and/or Neglect**. Any person who has reasonable cause to know or suspect that any child has been abused and/or neglected or has been a victim of sexual abuse by a parent, third party adult or another child must report that information to DCYF Child Protective Services within twenty-four (24) hours.
- 2. The Facility must notify DCYF, through the child's worker and/or Child Protective Services, and the parent or guardian immediately of:
 - a. Serious injury or illness involving medical treatment of a child
 - b. Any suicidal or homicidal gesture or attempt that requires outside emergency service or evaluation
 - c. Any situation involving police intervention
 - d. Any unauthorized absence of the child from the Facility in accordance with DCYF policy
 - e. Removal or attempt to remove a child from the Facility by any person or agency other than the placing agency
 - f. Any fire or other emergency that requires overnight evacuation of the Facility
 - g. Any expulsion of a child from school
 - h. Death of a child
- 3. The Facility will provide written notice within thirty (30) days to DCYF of changes in administrative staff, professional personnel or admissions criteria.
- 4. The Facility will contact DCYF in writing for approval prior to implementing any program or site changes, which impact the existing license, such as change of location, physical expansion or an increase or decrease in the number or gender of clients served.

- E. Inspection - The Facility will meet with the Licensing Division upon request and allow representatives from the Department and the Office of the Child Advocate to inspect the Facility at any time to determine compliance with the regulations.

II. PERSONNEL

A. Educational Requirements and Hiring Qualifications

- 1. The chief executive of a Parent Agency must have an advanced degree from an accredited academic program of social work, health, human services or education, with supervisory and management experience in the provision of social services to individuals, families and children, or any equivalent combination of education and experience.
- 2. The director of residential services or program director must have a bachelor of arts degree in social work, health, human services or

- education and a minimum of four (4) years experience working in a residential program.
3. The director or supervisor of clinical services must have a Master's Degree with a concentration in human services or related field, an active license with the RI Department of Health to provide clinical services as an independent practitioner in accordance with RIGL 5-39.1, a minimum of two (2) years clinical experience and the knowledge and skills necessary to provide leadership to staff.
 4. Any program clinician, including any consultant, must possess the necessary qualifications and licenses to provide care and services to Facility residents.
 5. Direct care staff must have a minimum of a bachelor's degree from an accredited academic program in social work, health, human services or education or any equivalent combination of education and experience.

B. Personnel Policies

1. The Facility will maintain written job descriptions for all positions.
2. The Facility will maintain written personnel policies and procedures, which will be provided to staff at the time of hire. The personnel policies will include a provision governing conflicts of interest.
3. Staff will work regularly scheduled hours and the Facility will maintain a record of work assignments.
4. The Facility will have a personnel file for each employee, which contains the following:
 - a. The application for employment, resume and references
 - b. Any professional certifications
 - c. DCYF clearance (DCYF #035A) and results (DCYF #171)
 - d. Fingerprint Affidavit and results
 - e. Statewide criminal records check and results
 - f. Criminal History Affidavit (DCYF #109)
 - g. Employment History Affidavit (DCYF #108)
 - h. Performance evaluations
 - i. Personnel actions relating to the individual's employment with the Facility
 - j. Documentation of completion of training in Crisis Intervention, Restraint and Seclusion and certification in First Aid, and CPR, with evidence of annual compliance
 - k. Evidence of continuing education hours
 - l. Documentation of regular supervision
 - m. Beginning and end dates of employment
5. Personnel records must be retained for six (6) years from date of termination.

C. Staff Training, Development and Evaluation

1. The Facility will maintain a written plan for the orientation, training, on-going development, supervision and annual evaluation of staff. Staff supervision must address all critical areas of resident life and occur weekly for direct care staff with the immediate supervisor or designee. A Master's level clinician must provide supervision for clinical staff.
2. Each new employee will receive orientation and training consistent with the Facility's written plan, including documentation that the employee has completed mandatory training in a nationally recognized model of crisis intervention and restraint and seclusion and certification in First Aid and CPR within thirty (30) days of hiring.
3. Direct care staff must receive a minimum of sixteen (16) continuing education hours annually in topics related to residential treatment. Eight

(8) of these hours will pertain to crisis intervention and restraint in accordance with **SECTION THREE-LICENSING STANDARDS, VI. PROGRAM REQUIREMENTS, L. Behavior Management, Safety and Crisis Intervention, Restraint and Seclusion** below. The remaining hours may include training in the following areas:

- a. Principles and applications of child care and family centered practice
- b. Program goals, administrative procedures and program documentation
- c. Reporting of child abuse and neglect under state law
- d. State laws and regulations pertaining to confidentiality and ethics
- e. Approved behavior management, group techniques and child safety
- f. Age appropriate development, boundaries and cultural issues
- g. Sexual orientation and expression
- h. First Aid and CPR
- i. Fire Safety and safe management of hazardous materials
- j. Emergency and Disaster Preparedness
- k. Medication distribution
- l. Effects of psychotropic medications
- m. Placement issues including separation, loss and grieving
- n. Medical and psychiatric risk assessment

D. Staff Communication

1. The Parent Agency will have a written procedure for communication within each site that addresses residents' service plans and the milieu.
2. The procedure will provide for the timely and organized transfer of information between each shift and the daily transfer of information between treatment components.

E. Volunteer and Intern Services

1. A Facility that utilizes volunteer and/or intern services will maintain written procedures regarding their roles and provide these procedures to all volunteers and interns.
2. The procedures will require that all volunteers and interns be:
 - a. Directly supervised by a paid staff member
 - b. Oriented and trained in the philosophy of the program, the needs of children in their care and the methods used to meet those needs
 - c. Utilized to provide services to enrich the program (Volunteers and interns may not provide essential services that would otherwise be provided to satisfy client/staff ratios.)
 - d. Fully informed, at time of orientation, of the requirement to protect client's confidential information, whether written or oral
 - e. Prohibited from participating in any form of restraint
3. Facilities will maintain a file for each volunteer and intern containing Employment History Affidavit (DCYF #108), Criminal History Affidavit (DCYF #109), Fingerprint Affidavit and results, DCYF Clearance (DCYF #035A) and results (DCYF #171) and a signed confidentiality agreement.
4. Volunteers and interns will comply with the same ethical requirements as staff.

III. HEALTH, PRIVACY AND SAFETY

A. Physical Site

1. The Facility will be housed in a structure equipped and maintained to provide for the safety, health, privacy and physical comfort of all residents.
2. Any proposed changes to the site must be made in accordance with State and local laws and notice to DCYF in accordance with **SECTION THREE-LICENSING STANDARDS, I. ADMINISTRATION AND ORGANIZATION**, D. Notice Requirements above.
3. The Facility must maintain all structures and equipment on the premises in good repair, free from hazard or risk. Any power equipment will be stored appropriately.
4. All living areas of the Facility will be well-lighted and ventilated.
5. All areas must be clean and properly maintained at all times.
6. Each residential unit will contain interior space for the children's leisure, designed and equipped in a manner consistent with program goals.
7. There will be dining areas that allow children, staff and guests to eat together.
8. The Facility will ensure that:
 - a. Each child has an individual bed equipped with a moisture retardant mattress covering, seasonal bed linens and a pillow. Cots, couches, futons, sofas and roll-a-ways are not considered beds.
 - b. Every bedroom will have a window with a covering to allow privacy.
 - c. Each child will have an individual bureau, a hamper for dirty clothing, closet space and a container for storage appropriate for the child's belongings.
 - d. Every child will be provided with necessary individual personal hygiene products.
 - e. No child, upon attaining the age of three (3) years, will share a bedroom with a resident of the opposite sex.
 - f. No adult may sleep in the same bedroom with a child.
 - g. When bunk beds are used, the vertical distance between the mattresses will allow each resident to sit up comfortably in bed. The top bunk will be fastened securely to the side frames. No child under the age of six (6) will be allowed to sleep in the top bunk. The Facility cannot require any child to sleep in a bunk bed.
 - h. Every school age child will be provided with a well-lighted area for studying.
 - i. All bedrooms and bathrooms must have doors; all bedroom, closet and bathroom doors must unlock from both sides.
 - j. A minimum of one sink and one bathtub or shower with hot and cold water and one toilet will be provided for every eight (8) children in residence.
9. Lavatories and baths will allow for individual privacy. Bathrooms will be separated by gender for children over the age of three (3).
10. All sinks, showers and bathtubs must be equipped with anti-scald valves.
11. A separate living space will be provided for live-in staff. The Facility will not designate common areas as staff sleeping accommodations.
12. A distinct space must be provided to serve administrative needs.
13. The Facility must have a designated space to allow private discussions and counseling sessions for children with staff and family.

B. General Safety

1. Every Facility will be secured at all times when staff is not present.

2. Locked storage areas must be provided for all potentially harmful or flammable materials and for any dangerous tools or utensils. Only authorized staff will have access to keys for storage.
3. All damaged or obsolete items will be removed promptly and disposed of properly.
4. Each living unit within a Facility will be equipped with land-line telephone service. Emergency telephone numbers, including physician, poison control and health agency, will be posted adjacent to land-line telephones.
5. Firearms and other weapons are prohibited.
6. Smoking and the use of candles and incense is prohibited.
7. A resident may be permitted, with the consent of the resident's parent or legal guardian and direct staff supervision, to operate small power equipment.
8. Children may swim only in the presence of a certified lifeguard. If a staff member is serving in that role, the staff member may not have any other responsibilities while children are swimming.

C. Radon Safety

1. Providers shall show evidence that the facility has been tested for radon and has been found to be radon safe.
2. Retesting shall be done every three (3) years in accordance with the Rules and Regulations for Radon Control issued by the Rhode Island Department of Health.

D. Lead Paint Safety

1. There shall not be any peeling or damaged paint or plaster in any area of the residential facility, either interior or exterior.
2. The residential facility serving children under the age of six (6) years shall comply with rules and regulations promulgated by the Rhode Island Department of Health pursuant to RIGL 23-24.6-14 (Lead Poisoning Prevention Act) and shall comply with recommendations resulting from lead inspections conducted pursuant to the above referenced statute and regulations.

E. Fire Extinguishers and Fire Safety Inspections

1. Each Facility must be equipped with a five (5) pound All Purpose ABC Fire Extinguisher on each floor level, centrally located and mounted on a wall bracket approximately 3 ½ feet from the floor.
 - a. Each extinguisher must be inspected annually by a licensed company and affixed with a tag listing the inspection company, the inspection date and inspector's signature.
 - b. When new fire extinguishers are purchased, a sales receipt must be maintained for inspection by DCYF Licensing.
2. Fire Safety Inspections will be conducted by staff every thirty (30) days to ensure:
 - a. Fire extinguishers have no evidence of corrosion or physical damage and remain:
 - i. Properly located and easily accessible
 - ii. Marked with legible operating instructions
 - iii. Sealed with intact tamper indicators
 - iv. Equipped with a pressure gauge indicator in operable range
 - v. Marked with the Fire Inspector's annual certification

- prescriber, the name of the RX or OTC drug, the dose, the date and time dispensed and the name of the staff person who dispensed each dose.
8. The medication log page for each child will conspicuously indicate any allergies.
 9. Any medication requiring injection must be administered by a qualified medical practitioner. Subcutaneous medications may be administered by the child if the child has been properly trained. All self-injections are to be monitored by trained staff.
 10. The Facility will maintain a written procedure for the disposal of expired and discontinued medications. All medical waste will be disposed of pursuant to the universal precautions for infectious disease and control.

I. Transportation

1. All vehicles used to transport children must be registered, covered by insurance meeting the State's minimum requirements, maintained in good operating condition and have a valid inspection sticker in accordance with State law.
2. Children will be required to use age-appropriate seat restraints in accordance with RIGL 31-22-22.
3. Staff transporting children in any specialized vehicles will have the appropriate operator's license.
4. All vehicles will be equipped with complete First Aid and Spill Kits.

J. Food Services

1. Food preparation and storage areas must be maintained in sanitary condition.
2. Menus, all meeting accepted nutritional standards, will be posted for the residents.
3. The Facility will provide every child with at least three (3) regularly scheduled meals a day and at least one (1) healthy snack, with no more than fourteen (14) hours between breakfast and dinner.
4. No child will be denied food for other than medical reasons. The reason, as recommended by the child's health care provider, will be noted in the child's Facility record.
5. No child will be force-fed or otherwise coerced to eat.

IV. ADMISSION/INTAKE

- A. Each Facility will maintain written referral and admission policies and procedures available to staff, parents, residents and DCYF for review. The protocols will define the roles of each participant in the admission process, identify specific goals and objectives expected for participation in the program and define procedures for determining a child's eligibility for the program.

- B. All of the following issues must be reviewed and discussed with a resident and parent prior to admission:

1. The Statement of Purpose
2. The extent of adult supervision at the Facility
3. The daily routines and expectations of the program
4. Procedures for behavior management and discipline
5. Assessment and evaluation procedures used in treatment planning and service delivery
6. A plan for the provision of services to the child
7. A plan for the provision of services to the family
8. Rules regarding family participation
9. Criteria for discharge

- C. The Facility provides a written description of any educational program in which the child is expected to participate.
- D. Upon the arrival of a new resident, the Facility will document any known dietary restrictions.
- E. The parent will complete all necessary consent forms.
- F. The Facility will ascertain and document the child's allergies and any special medical conditions. The allergies or conditions will be conspicuously noted on the medical portion of the child's record and communicated to direct care staff.
- G. The Facility will have a written description of any religious affiliation and its observance of any religious practice. The policy will be provided to, and discussed with, the child, the parent and DCYF. During the admission process, the program will determine the wishes of the parent and the child regarding religious participation. No Facility may require a child to comply with any religious practices.

V. FACILITY RECORDS AND SERVICE PLANS

- A. Facility Case Records
 - 1. A written record for each child will be actively maintained while the child is in placement at the Facility.
 - 2. Each child's Facility Case Record will be maintained in a uniform format. All of the following information must be included:
 - a. Child's name, gender, birthdate and social security number
 - b. Name, address, telephone number and marital status of the child's parents
 - c. Name, address, telephone number and relationship to the child of the person with whom the child was living prior to admission
 - d. Custody or guardianship status
 - e. Consent forms signed by the parent or DCYF, as appropriate
 - f. Date of admission and source of referral
 - g. All documents associated with the child's referral
 - h. Updated inventory of child's personal belongings
 - i. Bio-psychosocial assessment consistent with diagnostic formulation under the current edition of the Diagnostic and Statistical Manual (DSM) and identification of medically necessary services to meet needs and problems identified in the diagnostic formulation.
 - i. This assessment provides the information for a clinical formulation of a DSM diagnosis.
 - ii. This assessment is completed for all children entering residential care or is provided to the program from another competent clinical resource.
 - j. Individual service plan, signed by a licensed practitioner of the healing arts, the parent or guardian, the child, if appropriate, and the DCYF worker, and records of quarterly reviews. This plan must address issues of concern identified in the bio-psychosocial assessment and diagnostic formulation.
 - k. DCYF Service Plan
 - l. Educational reports and/or description of educational needs including Individual Educational Plans (IEPs)
 - m. Medical and behavioral health records

- n. Copies of any Incident Reports
- o. Progress notes documenting activities in support of the goals of the service plan and periodic reviews.
 - i. Progress notes must be dated and signed by the facility worker and include the length of time spent in the activity with the child and the child's response to the activity as it relates to one or more of the treatment goals in the child's individual service plan.
 - ii. Progress notes must be entered for any intervention to assist the child, consistent with the provisions of the child's individual service plan.
- p. Date of and reason for discharge
- q. The name, address, and telephone number of the individual and/or agency to whom the child is discharged
- r. Discharge summary and aftercare plan
- s. A signature form for all persons who review the child's record
- 3. The Facility will secure Facility Case Records against loss, tampering and unauthorized use.
- 4. Each Facility will maintain a register of all children who are referred, admitted and discharged.
- 5. DCYF, the Office of the Child Advocate (OCA) and any assigned Court Appointed Special Advocate (CASA) will have access to all records of children in care.
- 6. Case record information may be used for Facility quality assurance and accreditation purposes, provided confidentiality laws are followed.
- 7. A child's record will be kept for a minimum of six (6) years after discharge and will be disposed of in a manner that preserves the child's confidentiality.

B. Facility Service Plans

- 1. Initial individual service plan
 - a. The plan is developed with active participation of the family and DCYF worker and identifies and draws upon the strengths of the child and his/her family.
 - b. Within fifteen (15) calendar days of admission, the Facility will formulate an initial service plan.
 - c. The initial plan will include the name and title of the person responsible for developing the child's individual service plan and the names of staff responsible for planning and implementing treatment procedures.
- 2. Individual service plan
 - a. Within thirty (30) calendar days of admission, a Facility will review the child's service needs and strengths in a manner that recognizes and respects the child's race, ethnicity, culture, sexual orientation and expression. The review must address the following issues:
 - i. Health care
 - ii. Education
 - iii. Personal/Social development
 - iv. Family relationships, including strengths of child and family
 - v. Pre-vocational and vocational training
 - vi. Life skills development
 - vii. Religion and spiritual activity
 - viii. Recreation

- b. On the basis of this review, and consistent with the DCYF Service Plan, the Facility will develop the individual service plan. The plan will address the following:
 - i. Attainable goals and objectives which are clearly written in language that the youth and parent understand
 - ii. Services provided to the child, including activities to be pursued with the child's family, in order to achieve the stated goals
 - iii. Identification of all persons responsible for implementation of the various aspects of the plan
 - iv. Discharge criteria and aftercare services
- c. The Facility will conduct quarterly reviews of the plan's specific goals for the child and the child's family, where applicable, in order to evaluate progress toward achievement of those objectives and revise the plan accordingly.
- d. The program administrator or designee, any direct care staff, clinician, parent and child as appropriate, DCYF social caseworker and any other service provider identified by the DCYF social caseworker will participate in the development of the individual service plan and in the subsequent quarterly reviews.
- e. Every Facility will provide opportunities for the parent to participate in the treatment planning process unless such participation is contraindicated.
- f. The Facility will explain the individual service plan and any subsequent revisions to the child and the child's parent.

C. Discharge, Transition and Aftercare Planning

- 1. Prior to the planned discharge of a child, the Facility will formulate an aftercare service plan with DCYF that specifies the support system and resources that will be provided to the child.
- 2. A Facility will complete a written discharge summary within fifteen (15) calendar days of the child's discharge date. Copies of the discharge summary will be included in the child's case record and sent to the DCYF worker.
- 3. When the discharge occurs in accordance with the child's Facility and DCYF Service Plans, the discharge summary will include:
 - a. An explanation of services provided during care
 - b. Progress in achieving the goals stated in the individual service plan and DCYF Service Plan
 - c. The aftercare service plan
 - d. Medical records
 - e. Educational reports, clinical reports and all other pertinent data
- 4. When a discharge is not in accordance with the individual service plan, the following items will be added to the summary:
 - a. Circumstances leading to the unplanned discharge
 - b. Recommendations for services
- 5. At discharge all medications and prescriptions must accompany the child.

VI. PROGRAM REQUIREMENTS

- A. Every Facility will comply with the Children's Bill of Rights (RIGL 42-72-15).
- B. Confidentiality

1. The Facility will have written confidentiality policies and procedures, in accordance with Federal and State law and DCYF policy, which will be provided to all staff.
2. The policies will ensure the confidentiality of clients, their families and any written and electronic records pertaining to the client. The confidentiality policies and procedures must include explicit protection against disclosure of a person's race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap or any personal information that the family or child specifies should be maintained in a confidential manner.
3. There will be no written, verbal or electronic communication regarding confidential matters unless necessary to ensure safety and treatment.
4. Nothing herein prohibits any disclosure of a child's behavior or beliefs for safety and treatment purposes.
5. Written consent will be obtained prior to using any videotape or picture of a child or his family for any form of publicity, media or use external to the Facility.

C. Family Participation

1. The Facility will incorporate family centered practice in the treatment of residents and will involve parents/family in that treatment to the greatest extent possible given the particular child's individual service plan.
2. The Facility will maintain a written policy defining opportunities for family involvement.
3. The Facility will make all of the following information available to parent:
 - a. Specific treatment strategies employed by the program
 - b. Visiting hours, activities and rules for communicating with the child
 - c. Procedures to register complaints about the child's care
 - d. Name and telephone number of a Facility contact person

D. Medical Care

1. A Facility must arrange for each child to receive timely and competent medical, vision and dental care with annual examinations and any follow-up treatment.
2. A Facility must arrange for the child to receive a physical examination by a licensed practitioner within fifteen (15) business days of admission unless the Facility has access to the results of an examination conducted within one (1) year prior to admission.
3. A Facility must arrange for each child to receive dental and vision examinations within sixty (60) business days of admission unless the Facility has access to results of these examinations conducted within six months prior to admission.
4. The medical section of the child's Facility Case Record will include a listing of all medical visits, including:
 - a. Reason for the visit
 - b. Name of the health care provider
 - c. Results and recommendations of the medical exam
 - d. Any medication, noting dosage and reason prescribed
5. In the event a child requires any corrective device, such as a hearing aid or prosthetic, the Facility will ensure that the child receives training on proper use and maintenance of the device. The device will become the child's personal property.
6. Upon discharge, the Facility will provide a copy or summary of the child's health record to the person or agency responsible for the future planning and care of the child.

E. Education

1. The Facility will arrange for residents to attend appropriate educational programs in accordance with State and Federal law.
2. No Facility will operate an educational program without the written approval of the Rhode Island Department of Education (RIDE).
3. The Facility will provide residents with appropriate space and supervision for quiet study and access to necessary reference materials.
4. The Facility will provide for vocational education and/or life skills training and services as appropriate to the child's age and abilities.

F. Visitation and Outside Contacts

1. All contact and communication between a child and any third party will be conducted in accordance with the DCYF Service Plan.
2. The Facility will establish rules regarding telephone use. Residents should be allowed to communicate with family and significant others.
3. Reasonable privacy will be provided for visits and telephone conversations.
4. The Facility will maintain written procedures for all visits conducted off site.
 - a. The following information will be recorded for off site visits:
 - i. The child's location and planned duration of the visit
 - ii. The name, address and telephone number of the person responsible for the child during the visit
 - iii. Identity, verified through Photo ID, of the person transporting the child
 - iv. The time of the child's return
 - b. The Facility will provide a sufficient supply of any medication required during the visit.
5. Residents are permitted to receive and send mail.
6. If the Facility perceives a need to limit the child's visitation or communication in any manner, Facility staff will:
 - a. Consult with DCYF to determine if the limit is appropriate.
 - b. Inform the child of the reason for the limitation or termination of the child's ability to communicate with specified individuals.
 - c. Document the decision in the child's case record.
 - d. Review the decision at least every three (3) months.
7. DCYF, the OCA and any assigned CASA or CASA volunteer will be allowed contact with the child.

G. Employment and Money

1. When age and circumstances permit, the Facility will allow children to control their money.
2. Money earned or received by a child is the child's personal property.
3. The Facility will limit the amount of money in a child's possession consistent with the child's best interest.
 - a. When the Facility retains money for the child, the amount must be documented and the money maintained separately.
 - b. When a child has regular employment income, the Facility will assist the youth to open and maintain a savings account.
 - c. The Facility will inform the DCYF caseworker of any money held by the Facility or any bank account and will monitor the child's expenditures, as well as withdrawals and deposits to any bank account.

4. A Facility may not require children to perform work without adequate compensation. This does not prohibit the Facility from expecting youth to participate in chores and other aspects of daily living.
5. The Facility will ensure that any child who is not involved in an educational or vocational program is gainfully employed.
6. The Facility will encourage age-appropriate, gainful employment for a youth in accordance with the youth's individual service plan.
7. A child will not be required to assume expense for, or contribute to, the child's care unless indicated in the DCYF Service Plan.
8. Reasonable sums may be deducted from a child's allowance or earnings within the Facility as restitution for damages caused by the child. Restitution will be based on the child's ability to pay.

H. Recreation

1. Each Facility will provide regular, diverse recreational activities.
2. The Facility will develop activities for individuals, small and large groups, as necessary, to ensure that the recreational activities accommodate all age levels and functional abilities to allow all children an opportunity to participate.
3. The Facility will encourage each child to participate in school and community activities as appropriate to the residential setting and the child's treatment plan.
4. The Facility will permit and encourage outdoor exercise.
5. The Facility will maintain a posted schedule of activities in a common area.

I. Clothing and Personal Belongings

1. The Facility will ensure that each child has adequate, clean, well-fitting and seasonable clothing and ensure that the clothing is identified as belonging to that child.
2. The child's clothing may not be shared and the child will be permitted to take all clothing at discharge.
3. All clothing and personal belongings, including newly acquired items, will be included in an inventory list in the child's record.
4. In the event of a child's unplanned discharge, the Facility will make reasonable provisions to protect the child's property.

J. Personal Care and Hygiene

1. Each Facility will develop and maintain a schedule for appropriate hygiene and hygiene instruction for residents who lack such skills.
2. The Facility will provide each child with necessary personal hygiene articles appropriate to the child's age, gender and culture.

K. Search

1. Each Facility must develop a written search policy that it distributes and explains to the child, the parent and DCYF.
2. The policy should identify individuals who can authorize a search, items constituting contraband and guidelines for conducting a search.
3. Searches of a child's room or personal belongings may be conducted only when reasonable grounds exist to believe the search will yield evidence that the child has violated the law or legitimate rules of the program.
4. Random or routine searches are prohibited unless specifically outlined in the child's individual service plan (refer to **SECTION THREE - LICENSING STANDARDS, V.FACILITY RECORDS AND SERVICE**

PLANS, A. Facility Case Records, 2.i) to ensure the health and safety of the child.

5. The child will be present for the search of that child's room or belongings, except in the case of an emergency or unauthorized absence and direct care staff will maintain the privacy of the youth with respect to other residents.
6. Direct care staff will provide every child suspected of possessing contraband an opportunity to relinquish it voluntarily.
7. Any contraband seized during a search must be documented in the child's record.
8. Direct care staff will return any permitted items to the child upon completion of the search.
9. Pat searches will be used only if reasonable grounds exist to believe that the search of that resident will reveal evidence that the youth has violated or is violating the law or the rules of the program.
10. The pat search procedure will consist of a requirement that the resident empty all pockets and/or personal carrying cases, including wallets, and remove shoes for the purpose of subjecting these items to a search or a requirement that a resident submit to a procedure whereby staff person runs hands along the outer body, clothing, inseams and/or hair of the child.
11. A second direct care staff must be present for any search of a child's room or personal belongings or for any pat search.
12. Strip searches are prohibited.

L. Behavior Management, Safety and Crisis Intervention, Restraint and Seclusion

1. The Facility must have written behavior management policies and procedures, which are subject to DCYF approval, that promote residents' optimal functioning in a safe and therapeutic manner. The Facility must:
 - a. Regularly review and modify the policies, as appropriate.
 - b. Explain the policies to each resident, parent, facility and placing agency staff.
 - c. Address issues such as room and privilege restrictions.
 - d. Use state-of-the-art prevention and intervention methods that focus on avoiding the use of restraint or seclusion.
 - e. Require all staff to review and demonstrate understanding of policies and procedures that address the use of crisis intervention, restraint and seclusion.
 - i. The staff supervisor will document the review and include it in each staff's personnel file. The review and documentation will occur within thirty (30) days of hire and annually thereafter.
 - ii. These policies must address monitoring, documenting, reporting and internal review of all instances of restraint and seclusion.
 - iii. These policies must address trainer certification, staff training, alternative intervention strategies, de-escalation techniques, internal and external reporting requirements, informed parental consent and data collection.
2. The Facility is prohibited from administering corporal punishment and any punishment that is cruel, humiliating, unusual or unnecessary.
 - a. No aversive techniques or activities that result in pain may be used.
 - b. No basic services, reasonable visitation or communication privileges may be withheld.

- c. A child's personal property may not be destroyed or unreasonably withheld.
- 3. The Facility may use time out to prevent crises and for behavior management, provided staff is able to visually monitor the child throughout the time out.
 - a. The child must be within speaking distance to a staff person.
 - b. The permissible distance depends on the child's age, developmental level and potential for stimuli from others.
- 4. The Facility is required to select one (1) approved nationally recognized model of crisis intervention and restraint from the Department's approved listing and inform the Department of its selection as part of the licensing process.
 - a. Staff must be trained in the selected model and will only employ restraint techniques taught in that model.
 - b. Parent Agencies that operate more than one Facility may identify a different model for each Facility.
 - c. The Department will only approve a model with the following attributes:
 - i. A clearly written curriculum that has been approved by a multidisciplinary group of professionals and focuses on prevention and de-escalation of crises
 - ii. Procedures for teaching safe and effective implementation of restraint
 - iii. Individuals certified as trainers are recertified at least once every three (3) years
 - iv. Developed by an organization that evaluates and modifies the curriculum in order to ensure the application of state-of-the-art deescalation and restraint techniques
 - d. The Department will make available a list of approved models no later than January 1 of each calendar year.
 - i. The Parent Agency and/or Facility may submit to the Department a written request for a model to be added to this list.
 - ii. The Department retains the right to add or remove models at any time.
 - e. The Facility will ensure that all training in crisis intervention and restraint for staff is provided by an individual who is recognized as a certified trainer by the organization that developed the model. The Facility will further ensure the following:
 - i. The trainer has been certified or recertified as a trainer in the most current version of the model within the past three (3) years.
 - ii. The trainer completes one (1) training in this model annually.
 - iii. The Facility will maintain documentation regarding the certification status of each trainer.
 - f. The Department will not recognize the adaptation or modification of any model without the written approval of the organization that developed the model.
 - g. The Parent Agency and/or Facility will report to the Department any changes made to its selected model by the organization that developed the model. This notification will take place within thirty (30) days of the receipt of the changes by the Parent Agency and/or Facility.
- 5. Crisis Intervention and Restraint Training and Supervision
 - a. New Staff Training

- i. Each Facility will require that every new staff, including relief staff, successfully completes the training prior to being solely responsible for any child or participating in any restraint. Staff will have the opportunity to complete such training within thirty (30) days of hire.
 - ii. New Staff will complete a minimum of sixteen (16) hours of training in the Facility's approved model or the number of hours prescribed by the model, if greater.
 - iii. The trainer will document in the staff's personnel file that the individual has successfully completed the training and can competently implement all aspects of the model.
 - iv. In the event a Facility has a resident with any special medical condition, staff will complete training in proper application of the restraint model.
 - b. Annual Training
 - i. Each Facility and/or Parent Agency will require that all staff annually receive a minimum of eight (8) hours review training in the Facility's selected model or the number of review hours prescribed by the model, if greater.
 - ii. The trainer will document in the staff's personnel file that the individual has successfully completed the training and can competently implement all of its aspects.
 - iii. In the event a staff person fails to participate in or successfully complete the annual training, that individual may not participate in any restraints.
 - c. Each Facility and/or Parent Agency will routinely address the use of crisis intervention and restraint in individual or group supervision with all staff. The supervision will focus on analyzing individual interventions as well as patterns of intervention to identify ways to increase the effective use of prevention methods in order to reduce the use of restraint.
 - d. Each Facility and/or Parent Agency will conduct annual evaluations of each staff's use of crisis intervention and restraint and the results will be documented in the staff's personnel file.
 - e. If the Facility is authorized to use mechanical or chemical restraint or seclusion, the staff must be trained in preventive methods, alternative interventions, the use of the authorized technique and the potential medical complications associated with its use. Evidence of certified training, with annual renewals and evaluations, will be maintained in the personnel files of staff.
- 6. General Principles for Therapeutic Physical, Mechanical and Chemical Restraint and Seclusion
 - a. Physical, mechanical and chemical restraint and seclusion may not be implemented as a means of coercion, discipline, convenience or retaliation. The techniques may not be used as a sanction for non-compliance with a program rule, staff directive or as a substitute for direct care.
 - b. Physical, mechanical and chemical restraint and seclusion may only be instituted in the following circumstances:
 - i. In an emergency when a child appears to be at immediate or imminent risk of physically harming self or others; and
 - ii. Less restrictive interventions have not succeeded in de-escalating the child's behavior.

- c. Pursuant to RIGL 42-72.9-4, no life-threatening restraint may be utilized.
 - d. In accordance with RIGL 42-72.9-4, restraints cannot be written as a standing order or on an "as needed" (PRN) basis.
 - e. The physical condition of a child will be assessed throughout the duration of any restraint or seclusion. The assessment will not be conducted by any staff person who is involved in the restraint or seclusion unless it is not practicable for another staff person to perform this duty.
 - f. The Facility and/or Parent Agency will require a supervisory or senior staff person with training in crisis intervention, restraint and seclusion to assess the mental and physical well-being of the child and to assure that the action is being conducted safely and in accordance with the Facility's policies and procedures. This monitoring will occur as soon as practicable, but in no case later than one (1) hour following the initiation of the restraint/seclusion, and will continue with face-to-face assessments conducted at least every fifteen (15) minutes during the restraint or seclusion.
 - g. The Facility must provide all children directly and indirectly involved in a restraint or seclusion the opportunity to debrief the incident as soon as practical and no later than twenty-four (24) hours following the incident.
 - h. The use of restraint, seclusion or time out must not hinder the evacuation of a resident in case of a fire or other Facility emergency.
 - i. In compliance with RIGL 42-72.9-4, except in the case of an emergency, any use of restraint on a child in the school program of a Facility must be in accordance with the child's Individual Educational Plan (IEP).
 - j. It is the responsibility of the Program Manager of the Facility to ensure the following:
 - i. Involved staff members document that the restraint occurred and that less restrictive interventions were attempted to de-escalate the child's behavior with limited or no success in maintaining safety.
 - ii. Any restraint or seclusion was terminated at the earliest possible time the child could commit to safety and no longer poses a threat to self or others.
 - iii. Documentation by staff and supervisory review of the documentation must occur within forty-eight (48) hours of the incident.
7. Mechanical Restraint
- a. The use of mechanical restraint is considered a more restrictive intervention than use of physical restraint.
 - b. The use of mechanical restraint, as authorized by RIGL 42-72.9-4, is limited to those Facilities that have received the Department's prior written approval. The Facility must develop and follow policies and procedures regarding the use of mechanical restraint and submit the information to the Department for review and approval.
 - c. The circumstances and conditions for the use of mechanical restraint must be identified in the child's treatment plan.
 - d. The Department reserves the right to deny and/or withdraw any Facility's authorization for use of mechanical restraint.

- e. Only those devices specifically designed for restraint during medical procedures may be employed. Handcuffs and leg irons are prohibited.
 - f. Mechanical Restraint may only be instituted in the following circumstances:
 - i. The use of mechanical restraint is ordered in writing by a physician and is administered in accordance with the standards adopted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) by a certified staff person.
 - ii. When a mechanical restraint is implemented, the Facility and/or Parent Agency must have a face-to-face assessment of the child conducted by a licensed practitioner within one (1) hour of the implementation.
 - g. Nothing in these regulations is intended to limit the use of mechanical restraint for medical or dental procedures associated with acute medical or surgical care or with standard medical practices that include limitation of mobility or temporary immobilization including post-procedure care.
8. Chemical Restraint
- a. The use of chemical restraint, as authorized by RIGL 42-72.9-4 and the Federal Children's Health Act of 2000, is limited to those Facilities that have received the Department's prior written approval. The Facility must develop and follow policies and procedures regarding the use of chemical restraint and submit the information to the Department for review and approval.
 - b. The circumstances and conditions for use of chemical restraint must be identified in the child's treatment plan.
 - c. The Department reserves the right to deny and/or withdraw any Facility's authorization for use of chemical restraint.
 - d. Chemical restraint may only be instituted in the following circumstances:
 - i. The use of chemical restraint has been ordered in writing by a physician and is administered in accordance with the standards adopted by JCAHO.
 - ii. The person administering and monitoring the use of the chemical restraint is an appropriately licensed practitioner who is trained in the administration of such medication.
 - iii. Chemical restraint was terminated at the earliest possible time the child could commit to safety and no longer posed a threat to self or others.
 - e. It is not considered to be chemical restraint when it is clinically appropriate to adjust a child's medication regimen to assist in controlling behaviors and all the following apply:
 - i. The medication is a standard treatment for the child's medical or psychiatric condition and is part of the child's medical treatment as ordered by a physician.
 - ii. The medication is not administered during a physical or mechanical restraint episode.
 - iii. The medication is administered to the child voluntarily, without coercion and/or the threat of any negative consequences.
 - iv. The Facility must have developed and implemented protocols to ensure that the resident's physical condition is being monitored by appropriately trained staff for a

- period of time as clinically indicated per local standards of care and the patient receives medical follow up.
 - v. The Facility must provide written notice with supporting documentation to the DCYF program monitor, the social caseworker and, where appropriate, the parents within twenty-four (24) hours of the use of such medication during a crisis situation.
 - vi. The Facility must document each use of medication as required by these regulations and as required by specific program contracts. Documentation must include the consideration given at the time of administration as to the risks, benefits and alternatives for such medication use.
- 9. Seclusion
 - a. In accordance with RIGL 42-72.9-5, mechanical or chemical restraint and seclusion and may not be used simultaneously.
 - b. The use of seclusion as authorized by RIGL 42-72.9-5 is limited to those Facilities that have received the Department's prior written approval. In order to obtain that approval, a Facility must develop and follow policies and procedures regarding the use of seclusion and submit the information to the Department for review and approval.
 - c. The circumstances and conditions for the use of seclusion must be identified in the child's treatment plan.
 - d. The Department reserves the right to deny and/or withdraw any Facility's authorization for use of seclusion at any time.
 - e. A room used for seclusion will have the following attributes:
 - i. Constructed of safe, non-porous material with give that can be easily cleaned
 - ii. Unlocked or magnetic lock doors
 - iii. Good lighting with protected light fixtures
 - iv. Good ventilation
 - v. A minimum fifty (50) square foot area
 - vi. Observation window(s) made of non-breakable material that allow a direct view of the child at all times
 - f. Nothing in this section will be construed to limit the use of "time out" as defined elsewhere in these regulations and RIGL 42-72.9-3.
- 10. Documentation and Reporting Physical, Mechanical and Chemical Restraint and Seclusion
 - a. In accordance with RIGL 42-72.9-6, every Facility will use the DCYF #203, Physical, Mechanical, and Chemical Restraint and Seclusion Report to document any such incident. These reports will be maintained in a weekly log available for inspection by DCYF.
 - b. Each Facility will document any use of physical, mechanical or chemical restraint or seclusion that results in serious physical injury or death to child on a DCYF #203 that is immediately transmitted to the Office of the DCYF Director and, during non-standard business hours (weekends, holidays and 4 PM - 8:30 AM weekdays), to the DCYF Child Protective Services Hotline.
 - c. The DCYF #203 will be completed as soon as practicable by the staff person most involved in the incident. The DCYF #203 must be completed no later than the end of the shift in which the incident occurred.

- d. The incident must be documented in the child's case record either with a progress note or a copy of the DCYF #203.
- 11. Annual Compilation of Physical, Mechanical and Chemical Restraint and Seclusion Data and Quality Assurance
 - a. No later than the first (1st) Monday of February of each year, each Facility will report to the Director of the Department a compilation of the incidents of restraint and seclusion within that program during the previous calendar year.
 - b. The annual report will include the following information for the reporting year:
 - i. Number of children served by the Facility
 - ii. Number of children restrained or secluded
 - iii. Statistics regarding gender, race and age of the involved children
 - iv. Average duration of each category of restraint and seclusion
 - v. Number of mechanical restraints, grouped according to the type of mechanical device used
 - vi. Number of incidents of chemical restraint, grouped according to medication administered
 - vii. Number of incidents of seclusion
 - viii. Description of how this data was used to identify trends with staff and residents, both individually and in groups, in order to reduce the need for such interventions
 - c. Pursuant to RIGL 42-72.9-6, annual reports constitute a public record; therefore, a Facility will not include any identifying information regarding specific children or staff.
 - d. The program manager for the Facility and the chief executive of the Parent Agency will sign the Annual Report prior to its submission to the Department.
 - e. The Facility will develop methods to monitor and internally review incidents of restraint and seclusion and identify patterns and practices of residents and staff in order to improve practice.
 - f. The Director of the Department reserves the right to establish a committee, which will include family and community representation, to review the use of restraint and seclusion and make recommendations to the Director regarding any changes to Department regulations or Facility policies or practices.

M. Grievance Procedure

- 1. The Facility will have a clear, written grievance procedure for children that explains the method of registering complaints and the protocol for resolving them.
- 2. Each child will receive a written copy of the grievance procedure and this procedure will be explained in language that the child understands.

~~CHILD CARE REGULATIONS~~

~~REGULATIONS FOR CHILD CARE PROGRAMS~~



~~STATE OF RHODE ISLAND~~

~~DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES~~

~~1987~~

~~STATE OF RHODE ISLAND~~

~~DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES~~

~~REGULATIONS FOR CHILD CARE PROGRAMS~~

~~I. GENERAL PROVISIONS~~

~~A. Legal Basis~~

- ~~1. These regulations are issued pursuant to:~~
 - ~~a. The Licensing Act for the Placement and Care of Children, which requires that a person or group of persons shall obtain from the Department of Children, Youth and Families a license prior to operating a child care program; and~~
 - ~~b. The Act relating to the Certification of Child Care Personnel, Title 40, chapter 13, RIGL.~~
- ~~2. A child care program, as defined by the Act, is a person or agency which offers residential or nonresidential care or treatment for a child apart from his/her parent or guardian.~~
- ~~3. These regulations shall apply to:~~
 - ~~a. **ALTERNATIVE TREATMENT PROGRAM**: any community based, non-residential program which provides care or treatment such as psychological services, recreational or educational services to an emotionally disturbed child in the natural or foster home.~~
 - ~~b. **CHILD DAY CARE CENTER**: means any person, firm, corporation, association, or agency who, on a regular or irregular basis, receives any child under the age of sixteen (16) years, for the purpose of care and/or supervision, not in a home or residence, apart from his parent or guardian for any part of a 24 hour day, irrespective of compensation or reward. It does not include nursery schools or other programs of educational services subject to approval by the commissioner of education.~~
 - ~~c. **DAY TREATMENT PROGRAM**: any non-residential specialized program of care or treatment for emotionally disturbed children.~~
 - ~~d. **FAMILY DAY CARE HOME**: any home other than a child's natural, relative or adoptive home in which child day care in lieu of parental care or supervision is offered at the same time to more than three (3) but less than nine (9) children who are not related to the caregiver.~~
 - ~~e. **GROUP HOME I**: a specialized facility for child care or treatment in a dwelling or apartment owned, rented or leased by a public or private child-placing agency, an independent operator or private or public organization which receives not more than eight (8) children for twenty-four (24) care.~~
 - ~~f. **GROUP HOME II**: which is defined as group home I (above), excepting that the number of children in care may not exceed twelve (12).~~
 - ~~g. **INDEPENDENT LIVING PROGRAM**: the placement of a child in his/her own residence under the regular supervision of a licensed child care program.~~
 - ~~h. **IN-HOME SERVICES PROGRAM**: a program which provides care or treatment to a child and his/her family in his/her natural or adoptive home. This shall include reunification programs.~~
 - ~~i. **RESIDENTIAL GROUP CARE PROGRAM**: any program serving thirteen (13) or more children, which provides 24-hour care, including room, and board, recreational programs, social services, and may include educational or psychological services.~~
 - ~~j. **RESIDENTIAL TREATMENT PROGRAM**: a program which provides on a 24-hour basis, care or treatment for emotionally disturbed children whose needs exceed the normal limits of care. Treatment can include, but is not limited to,~~

psychiatric services, clinical social work, psychological services, special education, and medical services.

- k. ~~**SECURE CARE:** any program of residential care which employs locked doors or any other physical means to prevent a child from leaving the facility.~~
- l. ~~**SHELTER CARE PROGRAM:** any program which provides temporary care in a group home or institution for a period not exceeding ninety (90) days.~~
- m. ~~**SUPERVISED APARTMENT LIVING PROGRAM:** a program which places adolescents, apart from their parent or guardian, in apartments with other adolescents and provides routine supervision by a social service worker.~~
- n. ~~**WILDERNESS PROGRAM:** a program designed to teach interpersonal and survival skills to a child in a wilderness setting.~~

- 4. ~~As provided by law, these regulations do not apply to shelter operations for parents, boarding schools, recreation camps, nursing homes, hospitals, mental health centers, maternity residences and programs licensed for use by the Department of Mental Health, Retardation and Hospitals for developmentally disabled children.~~
- 5. ~~These regulations were designed and written to apply to the child care programs named in this document. In some instances, however, certain programs are exempted from, or are required to meet additional, regulations.~~
 - a. ~~Exemptions to specific regulations are noted in the body of the text immediately following the regulation from which the program is exempted.~~
 - b. ~~Additional child care regulations, as appropriate to specific child care programs are appended to the end of this document.~~

~~B. Philosophy~~

~~By its enabling legislation, the Rhode Island Department of Children, Youth and Families is "designated as the single authority to establish and provide a diversified and comprehensive program of services for the social well-being and development of children and their families." The Department is the state agency authorized and responsible for the regulation of child care programs and the promulgation of standards governing these programs.~~

~~Child care programs assist the Department in its implementation of child care responsibilities. Through the provision of a variety of care and treatment options; child care programs serve to protect and safeguard the well-being of children in their care and also to enhance their reintegration and readjustment in the community.~~

~~These regulations are written to ensure a basic quality of care, health and human rights for children served in child care programs, and to assist the child care programs in fulfilling these responsibilities for the benefit of the children and families they serve. The regulations are to be interpreted in the best interest of the child.~~

~~C. Definitions~~

- G. ~~**ACT** shall mean the Licensing Act for the Placement and Care of Children.~~
- 1. ~~**AGENCY** shall mean the Department of Children, Youth and Families or a child placing agency, which ever has placed a child in the program.~~
- 2. ~~**APPLICANT** shall mean a child placing agency or a child care provider that applies for a license to operate.~~
- 3. ~~**BEDROOM SPACE** shall mean the space in which a child sleeps.~~
- 4. ~~**CASE PLAN** shall mean the comprehensive, goal-oriented, time-limited, individualized program of action for a child and his/her family, developed by the child placing agency in cooperation with the family, whenever possible.~~
- 5. ~~**CASE RECORD** shall mean the unified, comprehensive collection of information concerning a child.~~

- ~~6. **CHEMICAL RESTRAINT** shall mean the use of psychotropic agents as a means of controlling behavior.~~
- ~~7. **CHILD** shall mean one or more children as defined in the Act.~~
- ~~8. **CHILD ABUSE OR NEGLECT** shall mean the improper treatment of a child, as defined by law.~~
- ~~9. **CERTIFY** shall mean the process, as described in the Regulations for Child Placing Agencies, by which a child care program, having demonstrated compliance with the regulations contained herein to a licensed child placing agency, is recommended to the Department for licensing.~~
- ~~10. **DEPARTMENT** shall mean the Rhode Island Department of Children, Youth and Families.~~
- ~~11. **DISCIPLINE POLICY** shall mean written policies and procedures governing conduct, which prescribes consequences for violation of rules and positive responses to appropriate behavior.~~
- ~~12. **FACILITY** shall mean the physical environment used by a program.~~
- ~~13. **GOVERNING BODY** shall mean the association of persons who have the ultimate responsibility for conducting the affairs of a child care program.~~
- ~~14. **ISOLATION** shall mean the confinement of a child in an unlocked room when there is no staff member.~~
- ~~15. **LICENSING AGENCY** shall mean the Department.~~
- ~~16. **LIVING UNIT** shall mean an integral living space used by a particular group of children for eating and sleeping.~~
- ~~17. **MECHANICAL RESTRAINT** shall mean the restriction by mechanical means of a child's mobility or ability to use his/her hands, arms, or legs.~~
- ~~18. **ON-GROUNDS EDUCATIONAL PROGRAM** shall mean a program of educational services approved by the State Department of Education and operated by the program.~~
- ~~19. **PARENT** shall mean the natural or adoptive mother or father, and shall be construed to mean both parents of a child when applicable.~~
- ~~20. **PASSIVE PHYSICAL RESTRAINT** shall mean the least amount of direct physical contact required on the part of a staff member to prevent a child from harming him/herself or others, or to prevent destruction of property by a child.~~
- ~~21. **PROGRAM** shall mean a child care program.~~
- ~~22. **PSYCHOTROPIC MEDICATION** shall mean a drug or substance which affects behavior.~~
- ~~23. **RESEARCH** shall mean the use of a child physically, emotionally or psychologically for purposes of investigation or experimentation of scientific data.~~
- ~~24. **RESTRAINT** shall mean the physical restriction of a child's freedom or freedom of movement.~~
- ~~25. **SERVICE PLAN** shall mean the time limited, goal oriented, individualized plan for the care, treatment and education of a child, developed and implemented by a child care program that has the child in its care; this plan shall be based upon and in conformity with the child's case plan.~~
- ~~26. **STAFF** shall mean all persons, individually or collectively who provide services within the program; including all employees, volunteers, student interns, and consulting professionals.~~
- ~~27. **TIME-OUT PROCEDURE** shall mean the isolation of a child in an unlocked room.~~
- ~~28. **TREATMENT MODALITY** shall mean a consistent program of services designed to meet special needs of children served by the program over and above the provision of basic care.~~

~~II. LICENSING PROCESS~~

~~A. Licensing Process~~

- ~~1. The Administrator of Licensing may allow a variance to a rule upon the submission of a written request and documentation, providing that the variance in no way jeopardizes the health, safety and well-being of the child(ren) in care.~~
- ~~2. A program shall not operate unless it is licensed by the Department.~~
- ~~3. A program may be certified for a license by a licensed child placing agency as described in the Regulations for Child Placing Agencies.~~
- ~~4. A program shall:
 - a. receive the approval of the facility by the authorities having jurisdiction, namely the Division of Fire Safety and the State Health Department;
 - b. submit a completed application form to the licensing agency; and
 - c. submit to and assist in completing an inspection of all aspects of the program and facility by the licensing agency as requested.
 - d. provide evidence of substantial compliance with the regulations contained herein, as determined by the licensing agency;~~

~~OR~~

- ~~a. submit satisfactory evidence that it meets the current standards of a national accrediting organization approved by the Department; and~~
- ~~b. at the Administrator's request, provide, the following additional written documentation, including, but not limited to:
 - J. the philosophy of the agency;
 - K. clientele to be served;
 - L. services offered;
 - M. programmatic descriptions;
 - N. a listing of personnel and job duties.~~

~~B. Licensing Limitations~~

- ~~1. A license shall apply only to the site occupied by the child care program at the time of issuance.~~
- ~~2. A license is valid from the date of issue and expires one (1) year from the date of issuance, unless otherwise specified; or unless revoked or otherwise invalidated by the Department; or voluntarily surrendered by the program. A grace period can extend the term of a license by ninety (90) days pending re-evaluation.~~
- ~~3. The applicant may be issued a provisional license for a period not to exceed six (6) months for a program not previously licensed.~~
- ~~4. An applicant may be issued a conditional license which places specific restrictions, on the license.~~
- ~~5. An applicant may be issued a probationary license which sets forth the terms of remediation and which shall not exceed a period of twelve (12) months.~~
- ~~6. A program shall admit for care or treatment no more than the number of children stipulated in its license.~~
- ~~7. A program shall admit for care or treatment only those children who might derive a benefit from the treatment modality offered by the program, unless ordered to do otherwise by a court of law.~~

~~C. Evidence of Ability to Comply with These Regulations~~

~~An agency, as an applicant or as a licensee, its corporation board members, its officers, agents and employees shall demonstrate an ability to offer child care services in substantial compliance with these regulations. Ascertainment of substantial compliance with these regulations shall include but is not limited to the following:~~

- ~~1. the status of any out-of-state child caring or placing licenses held by the agency;~~
- ~~2. the status of any other application by the agency for child caring licenses;~~

- ~~3. the status and nature of any administrative, civil or criminal action ever brought with respect to the provisions of child caring service by the agency, its officers, agents or employees;~~
- ~~4. the status and nature of any state or federal agency's investigation of the agency, its officers, agents, or employees with respect to the provision of child caring services;~~
- ~~5. the status and nature of any written communications expressing satisfaction or dissatisfaction with the agency as an applicant or as a licensee in its provision of child caring services;~~
- ~~6. whether an agency, its officers, agents or employees:~~
 - ~~a. are under indictment for or have been convicted of any offense listed in Appendix 1~~
 - ~~b. have been fined or are subject to any agreement resulting from any administrative or civil action pertaining to their professional care of children; or~~
 - ~~c. have been denied a license or have had a license revoked pertaining to the professional care of children.~~

~~III. ADMINISTRATION AND ORGANIZATION (exempted: Child Day Care Center and Family Day Care Home)~~

~~a. The Governing Body~~

~~M. An agency shall be operated by an individual or a corporation.~~
~~N.~~

- ~~1. An agency shall have a governing body which is responsible for its continual compliance with licensing requirements and conformity with the provisions of its charter.~~
- ~~2. The names of any and all members of the governing body shall be supplied to the licensing agency.~~

~~B. Statement of Purpose~~

- ~~1. A program shall have and conform to a written statement of its child caring philosophy, program and services.~~
- ~~2. This description shall include:~~
 - ~~a. Pre-placement and admission criteria;~~
 - ~~b. Intake policies and procedures; intake criteria shall describe characteristics of children who will be admitted and characteristics which preclude admission;~~
 - ~~c. Admission policies;~~
 - ~~d. Sample daily program schedule and description of typical daily activities including the extent of adult supervision and procedures for behavior management~~
 - ~~e. Plan for the provision of services to the child, including services provided in cooperation with community resources;~~
 - ~~f. Plan for the provision of services to the child's family;~~
 - ~~g. Criteria for discharge; and~~
 - ~~h. Assessment and evaluation procedures used in treatment planning and delivery.~~

~~C. Organizational Table~~

~~A program shall maintain a current organizational table which accurately reflects the structure of authority, responsibility and accountability within the program.~~

~~D. Operations~~

- ~~1. The licensee shall do each of the following:~~
 - ~~a. meet with the licensing authority upon request;~~

- ~~b. contact the Department prior to implementing programmatic changes in a licensed program;~~
 - ~~c. make such reports to the Department as may be required to demonstrate that the requirements for licensure are met;~~
- ~~2. The Licensee shall provide a safe and suitable office facility, including space to assure privacy and a reasonable degree of comfort for the convenience of clients.~~
- ~~3. The program shall make available to all employees a written code of ethics that prohibits employees from using their official position to secure privileges for themselves or others and from engaging in activities that constitute a conflict of interest.~~

~~1. Protection of Privacy~~

- ~~P. The privacy of the child and his/her family shall be protected.~~
- ~~Q. The identity of a child used in any form of publicity shall be given only if a positive value accrues to the child.~~
 - ~~1. The written consent of a parent or guardian, and the child, where applicable, shall be obtained prior to using a child or picture of a child in any form of publicity.~~

~~F. Research~~

- ~~1. An agency shall not use any child in any research without submitting a description of the proposed research and its purpose to the Department, and receiving the approval of the Department for such research.~~
- ~~2. Statistical research is permitted, provided that the child's identity is masked in all phases of research.~~
- ~~3. A program shall establish a human rights committee to monitor and approve any research, if required by the Department.~~

~~G. Fundraising~~

~~Children shall not participate in fundraising activities without the express prior written permission of the Department.~~

~~1. Finances~~

- ~~1. Fees~~
 - ~~a. The program, if it charges fees, shall have a written policy on fees and a rate chart explaining fees.~~
 - ~~b. The policy shall describe the relationship between fees and the costs of services provided and the conditions under which fees are charged or waived.~~
- ~~2. Accountability~~
 - ~~a. A program shall demonstrate fiscal accountability through the regular recording of its finances and an annual financial statement.~~
 - ~~b. The program shall obtain an independent audit of all its financial accounts. Non-governmental programs shall be conducted annually by an independent certified public accountant who is not administratively related to the program. Programs operated by governmental units shall have audits conducted as required by statute.~~

~~I. Records~~

- ~~1. Records shall be secure against loss, tampering, and unauthorized use.~~
- ~~2. Staff shall be made aware of the need for protection of confidential information, whether written or oral;~~
 - ~~1. A program shall, upon written request and a signed release, make available information in the case record to the child, his/her parent or guardian, and their~~

- ~~respective legal counsel, providing that the information being released does not contain material which:~~
- ~~a. Violates the right of privacy of another individual; or~~
 - ~~b. Was generated by another agency; or~~
 - ~~c. Should be withheld from release according to other laws or by order of the court.~~
- ~~4. A program shall not use material from case records for teaching or research or for the development of the governing body's understanding and knowledge of the program's services or similar educational purposes, unless names and other identifying information are disguised or deleted.~~
 - ~~5. A program shall utilize videotapes of children only for teaching program staff and with the written prior permission of the child's parent(s) and the placing agency. Any exception to this regulation must be granted by the placing agency in writing.~~
 - ~~6. A program shall maintain a written record for each child, which shall include administrative, treatment, and educational data from the time of admission until the time of discharge.~~
 - ~~7. The content and format of these records shall be uniform within the program.~~
 - ~~8. A child's case record shall include at least the following:~~
 - ~~1. The name, sex, birth date, and birthplace of the child;~~
 - ~~2. The name, address, telephone number and marital status of the child's Parent(s) or guardian;~~
 - ~~a. The name, address, telephone number and relationship to the child of the person with whom the child was living prior to admission, when the child was not living with his/her parent;~~
 - ~~b. Date of admission and source of referral;~~
 - ~~c. All documents related to the referral of the child to the program;~~
 - ~~d. Current custody and legal guardianship status;~~
 - ~~e. Consent forms signed by the parent or guardian prior to placement, which allow the program to authorize all necessary medical care, routine tests, immunizations, and emergency medical or surgical treatment for the child;~~
 - ~~f. Service plans and related material;~~
 - ~~g. Summary of services to the child's family;~~
 - ~~h. Cumulative health records;~~
 - ~~i. Educational reports;~~
 - ~~j. Treatment or clinical records and reports;~~
 - ~~k. —~~
 - ~~l. Date of discharge, reason for discharge, and the name, address and telephone number of the person or agency to whom the child was discharged; and discharge summary and aftercare plans;~~
 - ~~m. Records of special or critical incidents within the program; and~~
 - ~~9. A program shall maintain a current register of all children who are admitted and discharged.~~

~~J.—Notification Required~~

- ~~1. The program shall notify the agency and the parent or guardian immediately in any of the following instances:~~
 - ~~a. A serious injury or illness involving medical treatment of a child;~~
 - ~~b. Any actual suicidal or homicidal attempt;~~
 - ~~c. The death of a child;~~
- ~~2. The program shall notify the agency immediately in any of the following instances:~~
 - ~~a. When a child has been subjected to alleged abuse or neglect, or has been the alleged victim of assault or other physical or sexual abuse;~~
 - ~~b. Unauthorized absence of the child from the program in accordance with Departmental policy;~~
 - ~~c. Removal of the child from the program by any person or agency other than the placing agency; or any attempts at such removal;~~

- d. ~~Any fire or other emergency requiring overnight evacuation of the premises;~~
 - e. ~~Any exclusion of a child from school or involvement with police; and~~
 - f. ~~A physician's order requiring a child to be force-fed or otherwise coerced to eat against his/her will.~~
3. ~~The program shall notify the agency by the end of the next working day of any fire requiring the services of a fire department within the residence.~~
 4. ~~The program shall provide written notification within thirty (30) days to the Department of changes in administrative and professional personnel and admissions criteria.~~

~~IV. PERSONNEL~~

~~A. General Staff Requirements and Qualifications~~

1. ~~The chief administrator of a program shall be qualified by education, training, experience and management skills to ensure effective utilization of the agency's personnel and financial resources and coordination of the agency's program of service with other community services.~~
2. ~~Child care supervisory staff shall be qualified by experience or training in supervision to supervise, evaluate and monitor the work of child care workers.~~
3. ~~A program shall ensure that all staff have the necessary skills and training to meet their job objectives as defined in the written job description.~~
4. ~~Consultants and specialists shall be retained by the program, with clear written specification of their roles and responsibilities, where appropriate to and providing an integral part of the programs scope of services.~~
5. ~~A program shall have employment practices which attempt to ensure that employees and volunteers are of good character, emotional stability, and sufficient health, ability, experience and education to perform the duties assigned.~~
6. ~~A program shall develop and implement a staffing ratio based on a written workload formula. The staffing ratio shall specify the number of administrative, supervisory, social service workers and other staff necessary to provide programmatic services.~~

~~B. Staff Evaluation and Development~~

1. ~~A program shall have and follow a written plan for the orientation, on-going development, supervision and evaluation of all staff members annually.~~
2. ~~The written plan shall address the following topics:~~
 - a. ~~The principles and practices of child care;~~
 - b. ~~The program's administrative procedures and overall program goals;~~
 - c. ~~Acceptable behavior management techniques;~~
 - d. ~~Crisis management;~~
 - e. ~~Methods of restraint;~~
 - f. ~~The programs emergency and safety procedures;~~
 - g. ~~Introductory orientation program for all staff;~~
 - h. ~~Annual staff evaluation conference or reports; and~~
 - i. ~~Relevant state laws and regulations.~~

~~A. Staff Communication~~

1. ~~There shall be written procedures for ongoing communication among all staff involved in each child's service plan.~~
2. ~~All child care and educational staff shall be familiar with the service plans of children in their case loads, and shall have access to necessary information from a child's case record.~~

- ~~3. The program shall have a written plan and schedule concerning administrative and clinical coverage and support for its child care staff.~~
- ~~4. The program shall have a written plan regarding the orderly transfer of information at the beginning and end of each shift among child care staff and supervisors. The method for this transfer of information shall be documented.~~

~~1. Personnel Policies and Practices~~

- ~~1. There shall be sufficient number of qualified staff with sufficient authority to adequately perform the following functions:
 - ~~a. Administrative;~~
 - ~~b. Fiscal;~~
 - ~~c. Clerical;~~
 - ~~d. Housekeeping, maintenance and food services;~~
 - ~~e. Direct child care service;~~
 - ~~f. Supervision;~~
 - ~~g. Record keeping and reporting; and~~
 - ~~h. Other service functions which form a part of the program.~~~~
- ~~2. A program shall have written personnel policies and procedures which shall be provided to all staff members.~~
- ~~3. A program shall have complete written job descriptions for all its positions, and a list of all current staff assignments and lines of authority.~~
- ~~4. A program shall ensure that child care staff have regularly scheduled hours of work. A record of actual work assignments shall be maintained.~~
- ~~5. A program shall have one (1) personnel file for each employee, which shall contain at a minimum:
 - ~~a. The application for employment and resume;~~
 - ~~b. Reference reports;~~
 - ~~c. Applicable professional credentials and certifications;~~
 - ~~d. All performance evaluations;~~
 - ~~e. Personnel actions relating to the individual's employment with the program; and~~
 - ~~f. Employee's starting and termination dates.~~~~
- ~~D. A program shall maintain the following hiring practices:
 - ~~a. All staff members shall be properly certified or licensed, as legally required.~~
 - ~~b. All staff members shall be cleared for employment history;~~
 - ~~c. A program shall require prospective employees and volunteers who work directly with children to be cleared according to the provisions of Title 40, Chapter 13, of the General Laws of Rhode Island, which mandates fingerprinting and a check of employment background;~~
 - ~~d. A program shall not hire, or continue to employ any person convicted of any of the offenses listed in Appendix 1;~~
 - ~~e. A program shall require at least three (3) references from non-related persons for any staff or volunteer who will work directly with children; and~~
 - ~~f. References may, as a matter of policy be kept confidential from the employee or volunteer.~~~~

~~E. Volunteer Services~~

- ~~1. A program which utilizes volunteers or student interns to work directly with a particular child or group of children, shall have a written procedure for using such resources.~~
- ~~2. This procedure shall be given to all volunteers or student interns.~~
- ~~3. This procedure shall indicate that all such persons shall:
 - ~~a. Be directly supervised by a paid staff member;~~
 - ~~b. Be oriented and trained in the philosophy of the program and the needs of children in care, and the methods used to meet those needs;~~~~

- ~~c. Be cleared for employment history and for criminal record checks, as is legally required;~~
- ~~d. Be used to enrich the program, but not to provide essential services which would otherwise be unavailable; and~~
- ~~e. Be made aware of the need for protection of confidential information, whether written or oral, at the time of orientation.~~

~~V. ENVIRONMENT (exempted: In Home Services)~~

~~1. Comfort and Privacy (exempted: Alternative Treatment Programs)~~

- ~~1. A program shall be housed in a facility constructed, equipped, used and maintained to ensure the privacy, safety, health, and physical comfort of all children.~~
- ~~2. All structures on the premises, the grounds, and outside equipment shall be maintained in good repair, free from any unacceptable hazard or risk.~~
- ~~3. Each living unit used for residential purposes by the program shall contain a variety of interior spaces for the free and informal use of children. This space shall be constructed and equipped in a manner consistent with programmatic goals.~~
- ~~4. All habitable areas of the facility shall be well lighted and ventilated (exempted: Wilderness Program).~~
- ~~5. There shall be sufficient dining areas for children, staff and guests to eat together (exempted: Independent and Supervised Apartment Living Programs).~~
- ~~6. In a residential facility, the program shall ensure that:

 - ~~5. Each child in residence has his/her own bed;~~
 - ~~6. No more than four (4) children shall occupy one bedroom (exempted: Wilderness Program);~~
 - ~~7. No child more than three (3) years of age shall occupy a bedroom with one of the opposite sex;~~
 - ~~8. No adult shall sleep in the same bedroom with a child (exempted: Wilderness Program);~~
 - ~~a. When bunk beds are used, the vertical distance between the mattresses of any bunk bed shall permit each occupant to sit up comfortably in bed; the top bunk shall be fastened securely to the side frames;~~
 - ~~b. Each child in residence shall be provided with his/her own dresser or other adequate storage space for private use, and a designated space for hanging clothes in proximity to the bedroom occupied by the child (exempted: Wilderness Program); and~~
 - ~~c. Closet, bedroom and bathroom doors unlock from both sides (exempted: Independent and Supervised Apartment Living and Wilderness Programs).~~~~
- ~~7. A minimum of one wash basin with hot and cold water, one flush toilet, and one bath or shower with hot and cold water shall be provided for every eight (8) children in residence; lavatories and baths shall allow for individual privacy as necessary (exempted: Wilderness Program).~~
- ~~8. All sinks, showers, and bathtubs shall be equipped with functioning anti-scald valves (exempted: Independent and Supervised Apartment Living Programs).~~
- ~~9. A program utilizing live-in staff shall provide adequate separate living space for these staff (exempted: Supervised Apartment Living and Wilderness Programs).~~
- ~~10. A program shall provide a space which is distinct from children's living areas to serve administrative needs.~~
- ~~11. A program shall have a designated space to allow private discussions and counseling sessions between individual children and staff (exempted: Child Day Care Center, Family Day Care Home, Independent and Supervised Apartment Living Programs).~~
- ~~12. All areas of a facility shall be cleaned and maintained routinely.~~

13. ~~A program shall ensure that there are sufficient and appropriate storage areas (exempted: Independent and Supervised Apartment Living and Wilderness Programs,~~
 - a. ~~Storage spaces for all potentially harmful materials, such as bleach, cleaning materials and other poisonous or corrosive chemicals, and potentially dangerous tools or utensils shall be securely locked.~~
 - b. ~~Keys to storage spaces shall be available only to authorized staff.~~

~~B. Safety~~

1. ~~Each separate living unit living unit within a facility shall have 24 hour telephone service, or an intercom system connected with an outside telephone service (exempted: Wilderness Program).~~
2. ~~Emergency telephone numbers, including fire, police, physician, poison control, health agency and rescue shall be conspicuously posted adjacent to each telephone (exempted: Wilderness Program).~~
3. ~~A program shall not maintain any firearm or chemical weapon on the grounds or within the structures of the facility, nor shall a program permit any staff member, or child to be in possession of any firearm, or chemical weapon on the grounds or within the structures of the facility.~~
4. ~~The use of candles shall not be allowed in sleeping areas (exempted: Independent Apartment Living and Wilderness Programs).~~
5. ~~Power driven equipment used by a program shall be kept in safe and good repair. Such equipment shall be used by children only under the direct supervision of a staff member and according to state law (exempted: Independent and Supervised Apartment Living Programs).~~
6. ~~A certified lifeguard adult shall be present and supervise when children are swimming (exempted: Independent Living Program).~~
7. ~~Emergency Procedures (exempted: In-Home Services, Independent and Supervised Apartment Living Programs)~~
 - a. ~~A program shall have written procedures for staff and children to follow in case of an emergency or disaster.~~
 - b. ~~These procedures shall be developed with the assistance of qualified fire and safety personnel and shall include provisions for the evacuation of buildings and assignment of staff during emergencies (exempted: Alternative Treatment Program, Child Day Care Center, Family Day Care Home).~~
 - c. ~~A program shall conduct emergency drills which shall include actual evacuation of children to safe areas at three (3) month intervals. The program shall provide or obtain training for personnel on all shifts concerning performance of assigned tasks during emergencies and use of the fire fighting equipment in the facility (exempted: Alternative Treatment Program, Child Day Care Center, Family Day Care Home).~~
 - d. ~~A record of such emergency drills shall be maintained (exempted: Alternative Treatment Program, Child Day Care Center, Family Day Care Home).~~
 - e. ~~All persons in the building shall participate in emergency drills (exempted: Alternate Treatment Program, Child Day Care Center, Family Day Care Home).~~
 - f. ~~The program shall make special provisions for the evacuation of any handicapped children.~~
1. ~~Transportation~~
 - a. ~~A program shall ensure that there is adequate supervision in any vehicle used by the program to transport children in care.~~
 - E. ~~Children transported in a motor vehicle shall be in an appropriate seat restraint or seat belt.~~
 - F. ~~Children shall be transported in vehicles covered by liability insurance.~~
9. ~~Drugs (exempted: Alternative Treatment, In-Home Services, Independent and Supervised Apartment Living programs)~~

- ~~a. All drugs including over the counter and prescription drugs are to be kept in a locked storage space.~~
- ~~i. The program shall have a designated person to administer drugs.~~
- ~~b. A written log shall be maintained indicating all medications dispensed to individual children, with the child's name, the name of the drug, the dosage, the time dispensed, and the name of the person administering the drug.~~
- ~~c. A program shall maintain a separate written log of all over the counter medications acquired for child(ren) in care.~~
- ~~d. Stimulants, tranquilizers or psychotropic drugs requiring intramuscular administration shall be prescribed only by a physician, following a physical examination of the child by a physician, and shall be administered by a licensed medical practitioner.~~
- ~~e. Under no circumstances shall a stimulant, tranquilizer or psychotropic drug be administered for purposes of program management and control, or for purposes of experimentation and research.~~
- ~~f. Subcutaneous medication shall be administered only by a licensed medical practitioner. Prescribed insulin injections may be administered routinely for diagnosed diabetic conditions.~~
- ~~g. A written register shall be maintained for any drugs confiscated from children in care.~~

~~VI. QUALITY OF LIFE~~

~~i. Children's Bill of Rights~~

~~A child care program licensed under these regulations by the Department shall adhere to all provisions of the Children's Bill of Rights, RIGL 42-72-15, herein adopted by reference.~~

~~B. Family Involvement (exempted: Alternative Treatment, Child Day Care Center, Family Day Care Home, Independent and Supervised Apartment Living Programs)~~

- ~~1. A program shall have a written description of its overall approach to family involvement.~~
- ~~2. A program shall make every possible effort to facilitate positive communication between a child and his/her parent or guardian.~~
- ~~3. A program shall make the following information available to the parent or guardian prior to placement:~~
 - ~~a. The philosophy of the program;~~
 - ~~b. The normal daily routines;~~
 - ~~c. Behavior management and disciplinary practices of the program;~~
 - ~~d. Any specific treatment strategy employed by the program;~~
 - ~~e. Visiting hours and other procedures related to communication with the child;~~
 - ~~f. Services provided to families by the program;~~
 - ~~g. Procedures which the parent may use to register complaints about the quality of care the child is receiving; and~~
 - ~~h. Name and telephone number of a staff person whom the parent may contact on an on-going basis.~~

~~C. Visitation and Outside Contacts (exempted: Alternative Treatment, Child Day Care Center, Family Day Care Home, In-Home, Independent and Supervised Apartment Living Programs)~~

- ~~1. There shall be regularly scheduled opportunities for a child in a residential program to visit with parents or guardian and siblings in accordance with the child's service plan.~~

- ~~2. Visiting hours shall be reasonable and flexible.~~
 - ~~3. There shall be procedures for a child's use of a telephone.~~
 - ~~4. A program shall provide conditions of reasonable privacy for visits and telephone contacts between a child and his/her family.~~
 - ~~5. A program providing residential care shall have written procedures for overnight visits outside the facility. The program shall maintain the following information on record whenever a child is on an overnight visit:
 - ~~II. The child's location;~~
 - ~~III. The duration of the visit;~~
 - ~~IV. The name, address and telephone number of the person responsible for the child during visitation; and~~
 - ~~V. The time of the child's return.~~~~
 - ~~6. A program shall permit a child in care to receive and send mail in accordance with the child's case plan.~~
 - ~~6. When the right of a child to visit or to communicate in any manner with a person outside the program must be curtailed, a program shall:
 - ~~VI. Notify the agency to determine if this is appropriate;~~
 - ~~a. Inform the child of the reasons for the restriction or termination of his/her right to communicate with specified individuals;~~
 - ~~b. Document the decision in the child's case record; and~~
 - ~~c. Review the decision at least every three (3) months.~~~~
 - ~~8. A program shall not bar the agency or department from visiting, corresponding with or telephoning a child.~~
- ~~D. Children's Money (exempted: Alternative Treatment Child Day Care Center, Day Treatment, In-Home, Independent and Supervised Apartment Living Programs)~~
- ~~2. When age and circumstances permit, a program shall allow and encourage a child to possess his/her own money.~~
 - ~~3. Money earned, received as a gift or as an allowance by a child shall be the child's personal property.~~
 - ~~4. The program may limit the amount of money a child may possess or to which he/she has unencumbered access, when the limitations are considered to be in the child's best interests and are duly recorded in the child's service plan.~~
 - ~~5. A program shall not require a child to assume expenses for his/her care and treatment unless indicated in the service plan.~~
 - ~~6. A program may deduct reasonable sums from a child's allowance or pay for work done within the program as restitution for damages done by the child, if such restitution plan is duly recorded in the service plan. Restitution must be based on the child's ability to pay.~~
 - ~~7. A program shall maintain a separate accounting for each child's money.~~
 - ~~8. When a child has ongoing earned income from employment, he/she shall be encouraged to establish an interest-bearing savings account. The program is encouraged to monitor the child's expenditures and any withdrawals and deposits to his/her saving accounts. The agency shall be notified of the existence of the child's savings account.~~
 - ~~9. Fines shall not be levied except in accordance with a written policy of the program. This policy shall be made known to the children in care and shall describe how revenue from fines are used.~~
- ~~E. Work and Employment (exempted: Alternative Treatment, Child Day Care Center, Day Treatment, Family Day Care Home, Independent and Supervised Apartment Living)~~
- ~~1. The program shall use work assignments within the facility only insofar as they provide a constructive experience for children, and not as unpaid substitution for adult staff, and in accordance with written program policy.~~

- ~~2. The program shall ensure that any child who is legally not attending school is either:
 - ~~a. Gainfully employed; or~~
 - ~~b. Involved in a program geared to the acquisition of suitable employment or necessary life skills.~~~~

~~F. Religion (exempted: Alternative Treatment, Child Day Care Center, Day Treatment, Family Day Care Home, Independent and Supervised Apartment Living Programs)~~

- ~~1. A program shall not require any religious observance or practice of a child except upon the written request of the parent or guardian.~~
- ~~2. A program shall have a written description of its religious orientation, if any, the presence or absence of observances, and any religious restrictions on admission. This description shall be provided to the child, the parent or guardian and the agency at the time of a child's admission.~~
- ~~3. During the admission process, the program shall:
 - ~~a. Discuss the religious orientation and policy, if any, of the program with the child and his/her parent or guardian; and~~
 - ~~b. Determine the wishes of the parent or guardian and the child regarding the child's religious training.~~~~
- ~~4. Reasonable efforts shall be made to provide the opportunity for each child to participate in religious activities and services in accordance with the wishes of the parent or guardian.~~
- ~~5. The child's parent or guardian shall be consulted before any change in religious affiliation is made by the child.~~
- ~~6.~~

~~VII. Supervision (exempted: In-Home Services, Independent and Supervised Apartment Living Programs)~~

- ~~1. Each child in care shall be adequately supervised at all times, as appropriate to the child's needs and level of development.~~
- ~~2. A program providing overnight care shall ensure that each child has ready access to a responsible staff member throughout the night.~~

~~H. Clothing (exempted: Alternative Treatment, Child Day Care Center, Day Treatment, Family Day Care Home, In-Home Services, Independent and Supervised Apartment Living Programs)~~

- ~~1. A program which provides twenty-four (24) hour care shall ensure that each child has adequate, clean, well fitting and seasonable clothing.~~
- ~~2. A child's clothing must be identifiably his/her own and not shared in common.~~
- ~~3. The program shall make provisions for clothing needs at the time of discharge, and shall permit a child to take all clothing currently identified as his/hers.~~

~~I. Personal Belongings (exempted: Alternative Treatment, In-Home Services, Independent and Supervised Apartment Living Programs)~~

- ~~1. There shall be a written policy delineating the possession and acquisition of personal belongings (exempted: Child Day Care Center, Day Treatment, Family Day Care Home).~~
- ~~2. A child shall be allowed to bring his/her personal belongings to the program and to acquire belongings of his/her own in accordance with this policy (exempted: Child Day Care Center, Day Treatment, Family Day Care Home).~~
- ~~3. The program may, as necessary, limit or supervise the use of these items (exempted: Child Day Care Center, Day Treatment, Family Day Care Home).~~

- ~~4. Where extraordinary limitations are imposed, the child shall be informed by staff of the reasons; the decision and the reasons shall be duly recorded in the case record (exempted: Child Day Care Center, Day Treatment, Family Day Care Home).~~
- ~~5. Reasonable provisions shall be made for the protection of the child's property entrusted to the program.~~

~~VIII. Personal Care and Hygiene (exempted: Independent and Supervised Apartment Living Programs)~~

~~Children shall receive training from staff to establish habits of physical cleanliness, good grooming, and personal hygiene. Each child shall possess necessary articles for his/her own use to maintain personal hygiene.~~

~~IX. Food Services (exempted: Alternative Treatment, Family Day Care Home, In-Home Services, Independent and Supervised Apartment Living Programs)~~

- ~~1. A program shall maintain sanitary food preparation and storage facilities separate from other building areas.~~
- ~~2. Menus shall be prepared in conformity with accepted nutritional standards, and shall be posted at least seven (7) days prior to a served meal.~~
- ~~3. A program which provides 24-hour care shall ensure that each child is provided at least three (3) meals or their equivalent, available daily at regular times with not more than fourteen (14) hours between the evening meal and breakfast.~~
- ~~4. No child shall be denied a meal for any reason unless medical reasons dictate otherwise; medical staff shall record in the child's medical records information relating to special nutritional needs.~~
- ~~5. No child shall be force-fed or otherwise coerced to eat against his/her will, except by order of a doctor; the agency shall be notified immediately of any such order.~~
- ~~6. Prior to placement, the program shall notify the agency, parent(s), and child of any special dietary restrictions of the program, and shall elicit from the agency and parent(s) information regarding any dietary restrictions of the child.~~

~~L. Medical Care in Residential Programs (exempted: Alternative Treatment, Child Day Care Center, Day Treatment, Family Day Care Home, Day Treatment, In-Home Services, Independent and Supervised Apartment Living Programs)~~

- ~~1. A program shall maintain the availability of a comprehensive program of preventive, routine, and emergency medical and dental care for all children.~~
- ~~2. A program must arrange for children to receive timely, competent medical and dental care when needed and to continue to receive necessary follow-up medical and dental care.~~
- ~~3. A program shall ascertain and document any known allergies and medical conditions of the children in its care.~~
- ~~4. A program shall arrange a general medical examination by a licensed medical practitioner for each child within fifteen (15) days of admission, unless the child has been examined within twelve (12) months before admission and the results of that exam are available to the program.~~
- ~~5. The program shall arrange at least annual physical examinations for all children in its care.~~
- ~~6. A program shall maintain a cumulative record of visits to medical care facilities. This record shall include at a minimum:~~
 - ~~a. The name of the child;~~
 - ~~b. The reason for the visit;~~
 - ~~c. The name of the physician or attending person;~~
 - ~~d. Results and recommendations of the medical exam;~~
 - ~~e. Type and usage of medication ordered by the physician; and~~
 - ~~f. The reason for prescribing any medication.~~

- ~~7. Upon discharge, the program shall provide a copy or summary of the child's health record to the person or agency responsible for the future planning and care of the child.~~
- ~~8. A program shall arrange for a child to receive a dental examination by a dentist within sixty (60) days of admission, unless the child has been examined within twelve (12) months prior to admission and the results of the exam are available to the program.~~
- ~~9. Each child over the age of four (4) years shall have an annual dental examination arranged by the program.~~
- ~~10. A program shall make every effort to:~~
 - ~~b. Determine the child's need for eyeglasses, a hearing aid, a prosthetic or other corrective device; and~~
 - ~~c. Provide the child with the necessary equipment or device.~~

~~O. Emergency Medical Services (exempted: Alternative Treatment, In-Home Services, Independent Living Programs)~~

- ~~1. A program shall have written procedures for staff to follow in case of a medical emergency, including the administration of first aid.~~
- ~~2. Emergency medical procedures shall:~~
 - ~~a. Define the circumstances that constitute a medical emergency;~~
 - ~~b. Include instructions to staff regarding their conduct once the existence of a medical emergency is suspected or has been established;~~
 - ~~c. Be conspicuously posted.~~
- ~~3. At least one child care staff for each living unit and on each shift shall be certified to administer first aid and CPR Certification shall be updated annually.~~
- ~~4. A first aid kit which meets the most recent guidelines of the Red Cross shall be available in each unit of a facility.~~

~~N. Problem Management~~

- ~~1. A program shall have written policies and procedures regarding discipline which shall be explained to all children, families, staff and placing agencies.~~
- ~~2. A program shall prohibit corporal punishment of any form, as well as all cruel, humiliating, severe, unusual or unnecessary punishments, including, but not limited to:~~
 - ~~a. Spanking, hitting, shaking or otherwise engaging in aggressive physical contact with a child;~~
 - ~~b. Physical exercises, such as running laps or performing push-ups;~~
 - ~~c. Requiring or forcing the child to take an uncomfortable position, such as squatting, kneeling or bending, or requiring or forcing the child to repeat physical movements;~~
 - ~~d. Excessive denial of on-grounds program services or denial of any essential program service;~~
 - ~~e. Depriving a child of food, water, rest or opportunity for toileting;~~
 - ~~f. Denial of reasonable visiting or communication privileges;~~
 - ~~g. Denial of shelter, clothing or bedding;~~
 - ~~h. Excessive withholding of emotional response or stimulation;~~
 - ~~i. Chemical, mechanical or excessive physical restraint;~~
 - ~~j. Exclusion of a child from entry to the residence;~~
 - ~~k. Sensory deprivation or electrical shock or any derivation thereof;~~
 - ~~l. Any act defined as abuse or neglect in Chapter 11, Title 40 of state statutes; and~~
 - ~~m. Destruction or unreasonable withholding of a child's property which has emotional significance to the child.~~
- ~~3. A program shall ensure that discipline is not delegated to other children or to persons not known to the child.~~

- ~~4. A program shall not use any form of restraint, including isolation in a locked room, other than passive physical restraint.~~
 - ~~5. Each incident of passive physical restraint shall be recorded and shall describe the child's behavior and indicate what less restrictive measures were used prior to restraint, or reasons why such restraint could not be used.~~
 - ~~6. A program shall use "time-out" only when it is in accordance with the written policy of the program, and only when this policy has received prior written approval of the Department.~~
 - ~~7. Programs dealing with psychotic and autistic children may, with written prior Departmental approval, utilize an isolation room which shall be unlocked, lighted, well-ventilated, equipped with an observation window and at least fifty (50) square feet. A child in isolation shall be visually observed through the observation window at minimum at five (5) minute intervals. The use of isolation shall be considered to be a "time-out" in these programs.~~
 - ~~8. Any use of "time-out", as described in #7, which exceeds thirty (30) minutes in duration shall be approved in writing by a supervisor and shall be duly recorded, describing the reason for and duration of the "time-out".~~
- ~~O. Children's Grievance Procedure (exempted: Child Day Care Center, Family Day Care Center, In-Home Services)~~
- ~~2. A program shall have a clear and simple written grievance procedure for children, explaining the method of registering and resolving complaints.~~
 - ~~3. Each child shall receive a copy of, or have explained to him/her, the grievance procedure.~~
- ~~R. Education (exempted: Family Day Care Home, In-Home Services, and Independent Living Programs)~~
- ~~1. Within five (5) school days of a child's admission, a program shall arrange for the child to attend an appropriate educational program in accordance with state law.~~
 - ~~2. A program shall not operate an educational program without the written approval of the state Department of Education. The program shall provide a written description of any on-grounds educational program to the child and his/her parent or guardian at the time of admission.~~
 - ~~3. A program shall provide appropriate space and supervision for quiet study, and shall ensure that the child has access to necessary reference materials.~~
 - ~~4. The program shall provide or arrange for vocational preparation services or life skills training for a child not enrolled in a regular academic program. Such training and services shall be appropriate to the age and abilities of the child.~~
- ~~S. Recreation~~
- ~~1. A program shall provide recreational activities which are appropriate to the age and abilities of the child.~~
 - ~~2. A program shall encourage a child to participate in recreational activities proffered by the community and by local schools.~~
 - ~~3. A program shall permit and encourage outdoor exercise and recreational activities, weather permitting.~~
- ~~R. Sexuality~~
- ~~X. Sexual maltreatment of any child is prohibited.~~
 - ~~XI. The program staff shall be sensitive to the needs of the sexually abused child, and shall request help from the agency if a difficulty beyond the treatment scope of the program arises.~~

- ~~XII. The program shall address the child's needs for an age-appropriate information about sexuality (exempted: Child Day Care Center and Family Day Care Home Programs)~~

~~VII. DIRECT SERVICE MANAGEMENT~~

- ~~XIII. Referral Process and Admission Procedures (exempted: Family Day Care Home Programs)~~

- ~~1. A program shall have a written referral and admission policy which defines the participation of the child, parent(s) or guardian, and the agency in the admission process.~~
- ~~2. When refusing to admit a child, a program shall provide a written statement of the reason for refusal to the referring agency.~~
- ~~3. A program shall make clear its expectations and requirements for behavior, and shall provide the child with an explanation of the program's criteria for successful participation in and completion of the program.~~
- ~~4. Where appropriate to the ages and functioning levels of the children, there shall be a clear, written list of rules and regulations governing conduct for children in the program. These rules shall be conspicuously posted.~~
- ~~5. The program shall orient the child to daily routine in the program at the time of admission.~~

- ~~B. Treatment (exempted: Child Day Care Center, Family Day Care Homes and Shelter Care Programs)~~

- ~~3. A program shall have and follow a written overall plan for treatment and service.~~
- ~~4. The written plan shall include at a minimum the following:~~
 - ~~d. The name, position and qualifications of the person who has overall responsibility for the treatment program;~~
 - ~~e. The names and qualifications of staff responsible for planning and implementation of the treatment procedures and techniques to be used;~~
 - ~~f. The anticipated range or types of behavior conditions for which procedures and techniques to be used.~~
 - ~~g. The range of procedures and techniques to be used;~~
 - ~~h. The restrictions on the use of procedures and treatment modalities that present significant risk of psychological or physical damage;~~
 - ~~i. The assessment procedures for ensuring the appropriateness of the treatment for each child;~~
 - ~~j. Provisions for on-going monitoring and recording; and~~
 - ~~k. Provisions for regular and thorough review in analysis of the treatment data, the individualized treatment strategies and the overall treatment orientation.~~

- ~~C. Service Planning and Child Management (exempted: Child Day Care Center, Family Day Care Home)~~

- ~~3. Within sixty (60) days of admitting a child, a program shall conduct a review of the child's service needs and strengths in at least the following areas (exempted: Shelter Care Programs):~~
 - ~~a. Health care;~~
 - ~~b. Education;~~
 - ~~c. Personal/social development;~~
 - ~~d. Family relationships, including parental strengths and weaknesses;~~
 - ~~e. Pre-vocational and vocational training;~~
 - ~~f. Recreation; and~~
 - ~~g. Life skills development.~~

- ~~2. On the basis of this review, and in accordance with the agency's case plan, a program shall develop a written service plan aimed at successful discharge.~~
- ~~3. This plan shall include the following components:~~
 - ~~a. Goals to be achieved or worked toward;~~
 - ~~b. Services to be provided to and activities to be pursued with the child and his/her family in order to achieve the stated goals;~~
 - ~~c. Identification of all persons responsible for implementation of the plan;~~
 - ~~d. Specific time-limited targets in relation to overall goals and specific objectives and the methods to be used for evaluating the child's progress; and~~
 - ~~e. Goals and preliminary plan for discharge and after care.~~
- ~~4. The completed service plan shall be signed by the chief administrator of the program (or his/her designee) and by the child, where appropriate to the age and functioning level of the child.~~
- ~~5. The social service worker of the placing agency shall be provided opportunities to participate in all planning meetings relative to the development of case goals, change of placement, or discharge.~~
- ~~6. A program shall provide an opportunity for at the child and his/her parent(s) or guardian to participate in the planning process, unless contraindicated.~~
- ~~7. A program shall ensure that the service plan and subsequent revisions are explained to the child and his/her parent(s) or guardian in language understandable to them.~~
- ~~8. A program shall review each service plan at least once every six (6) months.~~
 - ~~a. It shall evaluate the degree to which the goals have been achieved.~~
 - ~~b. The service plan shall be revised as appropriate for the needs of the child.~~
- ~~9. There shall be reports to and meetings with the parent(s) or guardian at least once every three (3) months. These meetings shall be noted in the case record.~~
- ~~10. The program shall establish clear policy with regard to dismissing a child from the program prior to the discharge schedule agreed upon with the agency. To the extent possible, such dismissal shall be preceded by significant actions to maintain the child in the program.~~

~~D. Discharge and Aftercare (exempt: Child Day Care Center and Family Day Care Homes)~~

- ~~1. Prior to the planned discharge of a child, the program shall formulate, in conjunction with the agency an aftercare plan specifying the supports and resources to be provided to the child.~~
- ~~2. A program shall complete a written discharge summary within fifteen (15) days of the date of a child's discharge (exempted: Shelter Care Programs).~~
- ~~3. The discharge summary shall be included in the child's case record, and shall be sent to the agency.~~
- ~~4. When the discharge is in accordance with the service plan, the summary shall include, but need not be limited to, the following:~~
 - ~~a. A summary of services provided during care;~~
 - ~~b. Progress in achieving the goals stated in the service plan;~~
 - ~~c. The assessed needs which remain to be met and alternate service possibilities which might meet these needs;~~
 - ~~d. A statement of an aftercare plan and identification of who is responsible for follow-up services and aftercare; and~~
 - ~~e. Medical records, including immunizations, allergies and medical conditions, as well as educational reports and clinical and other pertinent data.~~
- ~~5. When the discharge is not in accordance with the service plan, the following items shall be added to the summary:~~
 - ~~a. The circumstances leading to the unplanned discharge;~~
 - ~~b. Any special action taken by the program and the reason for these actions; and~~
 - ~~c. Recommendations for services for unmet needs.~~

VIII. SPECIFIC CHILD CARE REGULATIONS

Additional child care regulations for specific child care programs as needed and as defined in I.A.3. are appended to this document.

APPENDIX 1

DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

CRIMINAL RECORDS CHECKS

Disqualifying Information

Information contained in the national criminal identification computer pertaining to conviction or arrest pending disposition for the crimes identified below will result in a letter to applicant and operator disqualifying the applicant from employment in child-caring facilities.

Offenses Against the Person

Murder
Voluntary manslaughter
Involuntary manslaughter
Kidnapping
Kidnapping with intent to extort
First degree sexual assault
Second degree sexual assault
Third degree sexual assault
Assault by spouse
Assault with intent to commit specified felonies
Felony assault
Domestic assault
First degree child abuse
Second degree child abuse

Offenses Against the Family

Incest
Child snatching
Exploitation for commercial or immoral purposes

Public Indecency

Transportation for indecent purposes:
Harboring
Prostitution
Pandering
Deriving support or maintenance from prostitution
Circulation of obscene publications and shows
Sale or exhibition to minors of indecent publications, pictures or articles
Child nudity in publication

Drug Offenses

Any offense constituting a felony which is enumerated in Rhode Island General Law 21-28-1.01 et seq., the Uniform Controlled Substances Act.

ADDITIONAL REGULATIONS FOR DAY AND RESIDENTIAL TREATMENT PROGRAMS

- ~~B. A program shall formulate and follow a written policy statement describing its philosophy of treatment, treatment goals and performance objectives for the children it purports to serve, as well as the geographic area to be served. The extent and mix of professional services utilized by a program shall correlate with its policy statement.~~
- ~~C. Within thirty (30) days of admission, each child shall receive medical, dental and psychiatric examinations and also psychological and educational evaluations. A psychosocial history of the child and his/her natural family shall also be completed.~~
- ~~D. Child care staff shall receive supervision from a credentialed clinical worker(s) a minimum of one (1) hour per week.~~
- ~~E. Direct child care staff shall participate in the development of the initial service plan and in subsequent clinical reviews conducted quarterly.~~
- ~~F. During the night, there shall be at least one (1) awake responsible adult on duty. The Department may require additional awake staff, depending on the construction of the facility and on the level of emotional disturbance of the children (exempted: Day Treatment).~~
- ~~G. Child care staff shall receive in-service training in, at minimum, the following areas: interviewing, child and family counseling, psychological interventions, problem management, including techniques of passive physical restraint, the effects of psychotropic medications and group work techniques with children. This training shall be provided by credentialed clinical worker(s), and be at least thirty (30) hours annually, with staff participation documented.~~
- ~~H. The following professionals shall be employed as staff or retained as consultants to the program: psychiatrist, clinical psychologist, clinical social worker, education specialist, pediatrician, and medical and dental specialists. Professionals filling these positions shall meet national standards or state certification requirements. Program files shall contain the credentials of these staff and shall include written contracts for consultants, including itemized descriptions of services provided as well as actual service hours rendered by each consultant on an annual basis.~~
- ~~I. Where appropriate, and in accordance with the program's written philosophy and goals, professional staff, as delineated in G above, shall provide direct clinical or educational services to children in care.~~
- ~~J. Professional staff, as delineated in G above, shall participate in each child's service plan and in quarterly clinical reviews. Respective reports and recommendations of staff shall be documented in the child's case record.~~
- ~~K. Professional clinical staff, as delineated in G above, shall provide not less than one (1) hour of supervision monthly for each clinical supervisor and child care supervisor.~~
- ~~L. A program shall maintain a continuous written log of all staff, their respective job positions and staffing ratios.~~
- ~~M. A program shall develop a program evaluation design to measure the attainment of its treatment goals and performance objectives as well as the effectiveness of its policies and procedures. Internal evaluations shall be conducted semi-annually and written reports kept on file.~~

~~N. A purchase of service agreement shall be signed by both the program and the purchasing agency in which, at minimum, is included: the services to be provided by the program, the conditions of payment and the financial agreement between the parties.~~

~~O. Programs operating their own educational program shall be licensed as special education programs by the R.I. Department of Education for the population served.~~

~~P. No child under the age of five (5) years shall be placed in a residential treatment program (exempted: Day Treatment).~~

ADDITIONAL REGULATIONS FOR SHELTER CARE PROGRAMS

~~A. Within five (5) working days of a child's admission, a program shall gather information regarding the child and shall conduct a review of the child's service needs and strengths in the following areas:~~

- ~~XIV. Health care;~~
- ~~XV. Education;~~
- ~~XVI. Personal/social development;~~
- ~~XVII. Family relationships;~~
- ~~XVIII. Vocational training;~~
- ~~XIX. Recreation; and~~
- ~~XX. Life skills development.~~

~~B. At the time of the child's discharge, the program shall complete and forward a written discharge summary to the next placement.~~

ADDITIONAL REGULATIONS FOR IN-HOME SERVICES

~~A. The program shall provide staff with knowledge of rudimentary first aid procedures and of available medical resources in the community.~~

~~B. The program shall have written procedures concerning staff responsibilities in the event of a medical emergency.~~

~~C. A program shall formulate and follow a written policy statement describing its philosophy, service goals and performance objectives for the children it purports to serve, as well as the geographic area to be served. The extent and mix of services offered by a program shall conform to its policy statement.~~

~~D. At minimum, the program shall include written individual service plans, counseling and work with the natural family and coordination with other resources utilized by the child and his/her family. Additionally, these programs may include respite care, homemaker services, family life education, reunification services and parent aide services.~~

~~E. Respite care providers shall be licensed according to the specific nature of the facility and program proffered, e.g. a respite home shall be licensed as a foster home, a shelter facility shall be licensed as a shelter.~~

DAY CARE CENTERS AND DAY CARE HOMES

Refer to [DayCare Center Regulations](#) for additional regulations.

Refer to [Family Day Care Homes, Standards for Certification](#) for additional regulations.

ADDITIONAL REGULATIONS FOR INDEPENDENT AND SUPERVISED APARTMENT LIVING PROGRAMS

~~A. A program shall formulate and follow a written policy statement describing its philosophy, service goals and performance objectives for the children it purports to serve, as well as the geographic area to be served. The extent and mix of services offered by a program shall conform to its policy statement.~~

~~B. A program authorized by the Department to care for children in independent or supervised apartment living programs shall have a written program statement which describes the types of living arrangements approved by the agency, the means of financial support for the children in its care, and its provisions for emergency medical care.~~

~~C. Children eligible to participate in these programs must:~~

- ~~1. be at least sixteen (16) years of age, but under twenty-one (21) years of age; and~~
- ~~2. either attend school regularly, be enrolled in vocational school/training, be gainfully employed, or be working and attending school.~~

~~E. Where children are gainfully employed, a program shall establish a sliding scale for participants to contribute to room and board expenses; the scale shall be based on actual cost and on the child's weekly earnings.~~

~~F. No more than four (4) children, including a staff person, may live in an apartment at one time.~~

~~G. Children and staff living in an apartment shall be of the same gender.~~

~~H. Overnight guests are allowed with prior program authorization.~~

~~I. A child shall have telephone access to a staff member twenty-four (24) hours a day.~~

~~J. There shall be a mutually agreed upon contract between the program and the child which specifies the responsibilities of the agency and the child and which is signed by the child and a social service representative of the agency. The contract shall be reviewed and updated quarterly.~~

~~K. The agency shall provide emancipation preparation for the child as part of the child's case plan. This preparation shall include training and monitoring in the following areas:~~

- ~~XXI. hygiene, personal grooming and dressing~~
- ~~XXII. personal and household money management~~
- ~~XXIII. housekeeping and laundry~~
- ~~XXIV. nutrition and menu planning~~
- ~~XXV. educational and/or vocational planning including techniques of job seeking~~
- ~~XXVI. obtaining medical and dental care~~
- ~~XXVII. interpersonal relationships~~
- ~~XXVIII. recreation~~

~~K. The program shall maintain a social service log of contacts with the child as well as quarterly updates by the social service worker as to services rendered, their frequency, by whom, and the extent to which these services, as prescribed in the case plan, were utilized by the child.~~

- ~~L. A program shall assist the child and his/her family in accordance with the case goals of the individual service plan.~~
- ~~M. A program shall provide or arrange for the provision of financial support to meet all the individual components of the child's service plan.~~
- ~~N. A program shall document that the child has adequate financial resources to meet housing, clothing, food and miscellaneous expenses.~~
- ~~O. In an independent living program, appropriate child care staff shall provide a minimum of one (1) hour per week onsite supervision for each child, and two (2) hours of face-to-face meetings with each child, both announced and unannounced (exempted: supervised apartment living).~~
- ~~P. In a supervised living program, each child shall be seen face-to-face by appropriate child care staff for at least three (3) hours per week (exempted: independent living).~~

ADDITIONAL REGULATIONS FOR SECURE FACILITIES

A. Generic Regulations

- ~~1. A program shall formulate and follow a written policy statement describing its philosophy, service goals and performance objectives for the children it purports to serve, as well as the geographic area to be served. The extent and mix of services offered by a program shall conform to its policy statement.~~
- ~~2. A secure facility shall be utilized for a population of children either adjudicated as delinquent by court of proper jurisdiction or deemed by a team of professionals comprised of, but not limited to, a psychiatrist, clinical, social worker and clinical psychologist, to present an immediate danger to themselves or others.~~
- ~~3. A secure facility for a delinquent population shall not admit children below the age of twelve (12) years; a secure facility for a mentally ill population shall not admit children below the age of five (5) years.~~
- ~~4. There shall be written policies and procedures as to eligibility for release programs as well as for transitional aftercare residential programs.~~

B. Safety and Emergency Procedures

- ~~2. The facility shall comply with all requirements of classification determined by the authority having jurisdiction for the type of fire code occupancy that the fire authority determines is appropriate for the facility.~~
- ~~3. There shall be written specifications for the selection and purchase of facility furnishings. These specifications shall indicate the fire safety performance requirements of the materials selected. Rooms shall be equipped with nonflammable and non-toxic mattresses.~~
- ~~4. There shall be written procedures regarding the control and use of all flammable, toxic and caustic materials.~~
- ~~5. The facility shall have a written evacuation plan in the event of fire or major emergency which is approved by the authority having jurisdiction, namely the Division of Fire Safety. The plan, at minimum, shall include:
XXIX. evacuation routes, including the use of exit signs and directional arrows for traffic flow;
XXX. locations of the publicly posted plan;
XXXI. quarterly fire drills on all shifts at different times within the facility; and
a. procedures to follow for the temporary disposition and housing of children and provisions for medical care and/or hospital transportation for injured parties, as necessary.~~

- ~~9. There shall be two (2) identifiable exits in each juvenile housing area and other high density areas to permit the prompt evacuation of juveniles and staff under emergency conditions.~~
- ~~10. Travel distances to all exits shall be in compliance with appropriate fire safety standards.~~
- ~~11. All facility personnel shall be trained in the implementation of written emergency plans, including but not limited to, fire, evacuation, riot, hostage, medical and natural disasters. These plans shall be made available to all staff and shall be reviewed and updated quarterly.~~
- ~~12. There shall be written policies and procedures specifying the means for release of children from locked areas in case of emergency and provisions for a back-up system.~~
- ~~13. The facility shall have access to an alternate power source to maintain essential services in an emergency. Power generators shall be tested at least every two (2) weeks and other emergency equipment and systems at least quarterly for effectiveness. Repairs or replacements shall be made, as necessary.~~
- ~~14. There shall be written policies and procedures providing for a communications system in emergency situations within the facility and between the facility and the community.~~

~~C. Security and Control~~

- ~~1. There shall be a manual containing all of the procedures for facility security and control and detailed instructions for implementing these procedures. This manual shall include procedures for:
 - ~~a. physical plant inspection;~~
 - ~~b. child counts;~~
 - ~~c. searches and control of contraband;~~
 - ~~d. the use and control of keys and tools as well as culinary and medical equipment; and~~
 - ~~e. handling emergencies.~~~~
- ~~2. The facility's perimeter shall be controlled by an appropriate means to restrict children within the perimeter and to prevent access by the general public without the appropriate authorization.~~
- ~~3. There shall be written policies and procedures reviewed annually and updated as necessary for the following:
 - ~~XXXII. supervision of children outside the facility perimeter;~~
 - ~~XXXIII. searches of children for the control of contraband;~~
 - ~~XXXIV. handling escapes, runaways and unauthorized absences; and~~
 - ~~XXXV. special management for children with serious behavior problems and for children requiring protective care.~~~~
- ~~4. There shall be a system in operation whereby children are physically counted on each shift.~~
- ~~5. All special incidents, including but not limited to the taking of hostages, use of restraint equipment or the use of physical restraint shall be reported in writing, dated and signed by the staff person reporting the incident. The report, shall include the actions taken by the person in charge at the time of the incident. The report shall be placed in the child's case record and reviewed by the administrator or parent agency.~~
- ~~6. There shall be an established policy regarding searches of children for the control of contraband. This policy shall be posted in a conspicuous area where it is accessible to the child.~~

~~D. Juvenile Rights~~

- ~~2. There shall be equal access to program and services for male and female children in co-correctional facilities. There shall be no discrimination in work assignments.~~

3. ~~There shall be written policies and procedures granting children access to recreational opportunities and equipment, including, weather permitting, outdoor exercise.~~

~~G. Rules and Discipline~~

1. ~~There shall be written rules of conduct for children which specify prohibited actions and penalties that may be imposed for various degrees of violation; these rules shall be reviewed annually and updated if necessary.~~
2. ~~There shall be provided to each child a rule book containing all chargeable offenses, ranges of penalties and disciplinary procedures. This rule book shall also be posted in a conspicuous and accessible area to children. Where there is a language difficulty, the child must be given an understanding of the rules.~~
3. ~~There shall be written policies and procedures as to the use of disciplinary reports in instances of rule violations, follow-up investigations, disciplinary hearings, case disposition, and appeal rights of children.~~
4. ~~There shall be written policies and procedures as to the need for, use of and time frame of confinement for children.~~
5. ~~Where there is a security room separate from the living unit, it shall be equipped with plumbing and security furniture and accessible to staff observation.~~
6. ~~A permanent log shall be maintained of all children assigned to confinement.~~

~~Child Care Regulations: Addendum A~~

~~Regulations Regarding the Use of Crisis Intervention, Restraint and Seclusion Within Covered Residential Facilities~~



~~State of Rhode Island~~
~~Department of Children, Youth and Families~~

~~State of Rhode Island Department of Children, Youth and Families~~

~~Child Care Regulations: Addendum A - Regulations Regarding the Use of Crisis Intervention, Restraint and Seclusion Within Covered Residential Facilities~~

~~Effective Date: October 1, 2001~~

~~XXXVI. Statement of Intent~~

- ~~A. — The Department of Children, Youth and Families (DCYF), in accordance with RIGL 42-72.9 and the Federal Children's Health Act of 2000, promulgates these regulations to be used by all residential programs licensed by the Department regarding the use of crisis intervention restraint and seclusion. It is the responsibility of each Covered Facility and/or parent agency to ensure that they adopt facility and agency specific policies which incorporate all applicable federal and state laws and regulations relative to the use of physical restraint, mechanical restraint, chemical restraint and seclusion.~~
- ~~— The intent of these regulations is to set clear minimal standards and expectations for providers and their staff to meet in order to develop safe and therapeutic environments for children and youth in the care of the Covered Facility. These regulations are to ensure that every child and youth who is placed in a Covered Facility receives the least intrusive, most clinically appropriate intervention, which is sufficient to ensure his/her safety and promote healthy growth and development.~~
- ~~— It is the State's belief that every child has the right to be free from the use of seclusion or restraint of any form as a means of coercion, discipline or retaliation by staff. The Department recognizes that the use of restraint and seclusion poses an inherent risk to the physical safety and psychological well-being of the involved child or youth and to the staff. Therefore, restraint and seclusion are to be used only in circumstances where a child, due to his or her current behavior, poses an imminent risk of harm to him/herself or others, including staff. Non-physical interventions are the first choice of intervention unless safety issues demand an immediate physical response.~~
- ~~— Pursuant to these regulations, the Department intends to work with Covered Facilities in an effort to increase the proactive interventions available and used by staff in order to reduce the use of restraint and seclusion. The Department recognizes that agency leaders and program managers play an important role in creating healthy, supportive environments which minimize circumstances that give rise to restraint and seclusion use and which maximize safety when these are used. The Department also recognizes the important role of family members in the child's/youth's treatment planning and decisionmaking when appropriate. The Department intends that, with the exception of situations where the participation of family members may have a deleterious effect on the individual child and his/her rights, Covered Facilities will develop policies and practices which increase the positive participation of family members.~~
- ~~B. — Pursuant to these regulations, standards are set forth and defined for:~~
- ~~1. — approved models of crisis intervention and physical restraint training,~~
 - ~~2. — the training of trainers within approved model(s);~~

3. ~~the use of crisis intervention and de-escalation methods;~~
4. ~~the use of physical, mechanical and chemical restraints, and the circumstances under which their use would be permissible;~~
5. ~~the use of seclusion and the circumstances under which it would be permissible;~~
6. ~~post-restraint debriefing;~~
7. ~~documentation, reporting and quality assurance; and~~
8. ~~program level sanctions for non-compliance.~~

XXXVII. Definitions

~~In addition to terms defined elsewhere in the Child Care Regulations, the following terms are defined for use in this addendum:~~

- A. ~~“Covered Facility” means any agency, organization, or public or private entity that provides any of the following for children and which is granted a license by the Department of Children, Youth and Families: residential treatment, including in-house educational programming; in-patient or residential psychiatric treatment for mental illness; and group or shelter home care. The term “Covered Facility” does not include the public school system, psychiatric hospitals, or the Rhode Island Training School for Youth;~~
- B. ~~“Parent Agency” means the agency or organization of which a Covered Facility is a legal subsidiary.~~
- C. ~~“Nationally Recognized Training Program” means a crisis intervention and restraint training program, which at a minimum has the following attributes:~~
 1. ~~a clearly written curriculum which focuses on prevention and de-escalation of crisis in order to reduce the likelihood of the use of restraint;~~
 2. ~~a process by which individuals involved in a restraint can effectively debrief the trauma of the event;~~
 3. ~~physical restraint methods which have been reviewed by a multi-disciplinary group of professionals;~~
 4. ~~a method by which individuals are required to be certified as trainers in the model and by which trainers are required to be re-certified at least once every three years;~~
 5. ~~a method by which the effectiveness of individual trainers are evaluated and by which such evaluations are used in determining the individual's ongoing status as a certified trainer;~~
 6. ~~is developed by an organization which has the capacity to ensure quality in training and in the evaluation of the practical application of the model and which utilizes such evaluations to modify the curriculum and the restraint procedures as necessary to ensure the application of state-of-the-art principals in the non-restraint and restraint aspects of the curriculum (the Department has a responsibility to periodically assess the ability of each organization to conduct such evaluation and quality assurance); and~~
 7. ~~demonstrated safe and effective utilization of the model.~~
- D. ~~“Service Provider” means any person employed or contracted by a Covered Facility to provide direct care, residential treatment, education or direct supervision of children;~~

- ~~E. "Program Manager" means the person who is identified as having direct responsibility for the day-to-day management of the operations of a Covered Facility;~~
- ~~F. "Therapeutic Physical Restraint" (the term physical restraint is used interchangeably with this term throughout this section) means the acceptable use of a staff member's body to immobilize or reduce the free movement of a child/youth's arms, legs, torso or head in order to ensure the physical safety of a child/youth or other individual in the facility. The term does not include: (1) briefly holding a person in order to calm or comfort the person; (2) restraint involving the minimum contact necessary to safely escort the person from one area to another. This definition does not apply to interactions with individuals which are brief and focus on redirection or assistance within daily living activities, including the use of physical escorts.~~
- ~~G. "Mechanical Restraint" means any approved mechanical restriction that immobilizes or reduces the free movement of a child's/youth's arms, legs, torso or head in order to hold a child/youth safely including: (1) medical devices, including, but not limited to, supports prescribed by a health care provider to achieve proper body position or balance; (2) helmets or other protective gear used to protect a person from injuries due to a fall; or (3) helmets, mitts and similar devices used to prevent self-injury when the device is part of a documented treatment plan and is the least restrictive means available to prevent such self-injury.~~
- ~~H. "Life threatening physical restraint" means any physical restraint or hold on a child that restricts the flow of air into a person's lungs, whether by chest compression or any other means, or which may otherwise result in death.~~
- ~~I. "Chemical restraint" means a medication used to control behavior or restrict the patient's freedom of movement and is not a standard treatment for the child's medical or psychiatric condition.~~
- ~~J. "Seclusion" means the involuntary confinement of a person in a room in a Covered Facility, whether alone or with staff supervision, in a manner that prevents the person from leaving. This definition does not pertain to the use of "time out" as an acceptable form of short term behavioral management nor does it pertain to Covered Facilities where the terms of seclusion are defined pursuant to particular judicial decrees.~~
- ~~K. "Time-out" means a brief separation from the group, not to exceed twenty (20) minutes, designed to de-escalate the child. During "time-out" a child's freedom of movement is not restricted and the child need not be directly supervised, but must be visually monitored. This is not intended to restrict programs from using procedures such as room restrictions or privilege restrictions which are a defined part of the program's behavior management and positive reinforcement methods.~~
- ~~L. "Emergency" means any event in which a child or youth placed in a Covered Facility poses an imminent or immediate risk of harm to the physical safety of himself or other individuals.~~
- ~~M. "Serious physical injury" means any injury which requires diagnostic or treatment services from a licensed medical provider and does not include injuries which can be appropriately treated through recognized first aid techniques which can be administered by a person who is not a licensed medical provider.~~
- ~~N.A. "Monitoring" (restraint and seclusion) means (a) direct observation or (b) observation by way of video monitoring within physical proximity sufficient to provide aid as needed.~~

- ~~O. "Monitoring" (time-out) means the intermittent visual observation of a resident who has been briefly separated from the group under the time-out procedure defined by RIGL 42-72.9-3(8).~~
- ~~P. "Assessment" means the evaluation of the physical condition of a child/youth who is being restrained or secluded by a trained and competent staff member.~~
- ~~Q. "Assistance" means the help provided by staff to individuals in meeting the behavior criteria for the prevention of restraint or seclusion or for the discontinuation of the restraint or seclusion.~~

~~XXXVIII. Leadership~~

- ~~A. Parent Agency and Covered Facility leaders are expected to take an active role in creating an environment that minimizes circumstances that give rise to restraint and seclusion use and that maximizes safety when they are used. This leadership includes:~~
- ~~1. Ensuring staff understand that the use of restraint and seclusion poses an inherent risk to the physical safety and psychological well-being of the individual and staff. Therefore, restraint and seclusion are to be used only in an emergency, when there is an immediate or imminent risk that a child/youth will harm him/herself or others. Non-physical interventions are the first choice as an intervention, unless safety issues demand an immediate physical response.~~
 - ~~2. Ensuring staff understand that the use of restraint and seclusion has the potential to produce serious consequences, such as physical and psychological harm, loss of dignity, violation of an individual's rights and even death and that reducing the use of restraint and seclusion is a paramount responsibility of all staff.~~
- ~~B. Agency and Covered Facility leaders are expected to ensure the sufficient allocation of resources, the provision of initial and ongoing training and the integration of the use of restraint and seclusion into performance improvement activities as methods to focus on the creation of a positive environment and the reduction of the use of restraint and seclusion.~~

~~XXXIX. Approved Nationally Recognized Models of Crisis Intervention and Physical Restraint Training~~

- ~~A. Covered Facilities are required to use only nationally recognized crisis intervention and physical restraint training programs which are approved by the Department.~~
- ~~B. The Department shall make available to Covered Facilities and other interested parties a list of approved training models no later than January 1 of each calendar year.~~
- ~~1. Each Covered Facility is required to identify one model from this list to be used within the Covered Facility except as otherwise authorized by the Department.~~
 - ~~a) Program Managers must ensure that all staff working within that Covered Facility are trained in this model in accordance with these regulations; and~~
 - ~~b) When intervening with a physical restraint, staff must limit their use of physical restraint techniques to those taught in the training model identified to the Department as being the model used in that Covered Facility.~~

2. ~~Parent Agencies which operate more than one Covered Facility may identify a different nationally recognized training model for each Covered Facility and may provide cross training to all Parent Agency Service Providers in each model. However, each Covered Facility is limited to utilizing one identified crisis intervention and restraint model within that Covered Facility except as otherwise authorized by the Department.~~
 3. ~~Covered facilities are required to ensure that any training in crisis intervention and restraint for their staff is provided by a person(s) who is recognized as a "certified" trainer in that model by the organization which developed the model and provides the training of trainers in the model. The Covered Facility must further ensure the following:~~
 - a) ~~The trainer(s) has been certified or recertified as a trainer in the most current version of the model within the past three (3) years;~~
 - b) ~~The trainer has at a minimum annually conducted one (1) complete training in the model for which they are certified since their last date of certification or recertification, and~~
 - c) ~~The Covered Facility has on file documentation as to the certification status of every trainer they use for the teaching of crisis intervention and restraint to Service Providers.~~
 - d) ~~Covered facilities are not permitted to "blend" one or more approved nationally recognized models for use by staff in the Covered Facility.~~
 - e) ~~Covered facilities are not permitted to develop or use crisis intervention and restraint models which have been developed by the Covered Facility, the program's Parent Agency or by another treatment provider unless that model is identified as an approved model by the Department.~~
- C. ~~Procedures for approval of adaptations to approved nationally recognized models of crisis intervention and restraint:~~
1. ~~Covered facilities and/or their Parent Agency may make a written request to the Director of the Department or his/her designee for the adaptation of a particular model if they believe that such adaptation is clinically necessary for the safe operation of the program and to ensure a safe environment for the children and youth served by the program. Such a request must include the following:~~
 - a) ~~Identification of the extent to which the Covered Facility and/or Parent Agency has provided adequate training for staff in the identified model and has ensured that staff are effectively implementing the model;~~
 - b) ~~Identification of the reasons as to why the Covered Facility and/or Parent Agency finds the interventions provided in this model to be clinically inadequate for the population served or to not provide for the development and maintenance of a safe environment;~~
 - c) ~~A clear written and pictorial description of the intervention(s) to be modified or added for use in this Covered Facility;~~
 - d) ~~Evidence that the Covered Facility and/or Parent Agency has discussed this alteration to the model with the organization that developed the model and provides the training of trainers in the specified model and that the organization has either agreed to~~

~~the alteration or clearly identified to the Covered Facility and/or Parent Agency any concerns regarding the alteration and whether or not the organization endorses the alteration;~~

- ~~e) Evidence that the Covered Facility and/or Parent Agency has developed this alteration with the participation of a multi-disciplinary group of professionals.~~

- ~~2. Upon receiving such a request, the Director and/or his/her designee will review the submitted material. He/She may convene a panel of experts to assist in this review and may request a demonstration of the proposed technique. The Director will provide a written decision to the Covered Facility and/or Parent Agency within sixty (60) business days of the receipt of the written request.~~

~~D. Addition/Deletion of crisis intervention and restraint models from the approved list of nationally recognized training models.~~

- ~~1. Parent Agencies and/or Covered Facilities may submit to the Department recommendations for nationally recognized crisis intervention and physical restraint training models to be added to the list of approved models.~~

~~Such submissions must be in writing and at a minimum must include the following:~~

- ~~a) Copy of the curriculum for the recommended model, including any audiovisual material available for use by trainers;~~
- ~~b) Contact information for the organization which developed the model and provides the training of trainers for the specified model.~~
- ~~2. The Department shall review all submitted requests on an annual basis and may convene a panel of experts to assist in this review. Training models which are approved shall be added to the next edition of the list of approved nationally recognized training models.~~
- ~~3. The Department retains the right to add or remove nationally recognized training models from the list of approved models at any time.~~
 - ~~a) When moving to remove a training model from the approved list, the Department shall notify providers of this decision at least one hundred and twenty days (120) in advance of the removal, unless the Department identifies the need for removal as an emergency situation.~~
 - ~~b) When removing a training model from the approved list, the Department shall work with the Covered Facilities and/or Parent Agencies which are directly affected in helping them to transition to another training model from the approved list.~~
- ~~4. Parent agencies and/or Covered Facilities are required to report to the Department any changes to the approved model that they utilize which are made by the organization which certifies trainers in that model. Such notification must take place with thirty (30) days of the receipt of the changes by the Parent Agency and/or Covered Facility.~~

~~E. The Department has the responsibility to periodically assess the ability of each organization which has an approved training model to conduct evaluation and quality assurance assessments on the model which are used to improve the model's effectiveness.~~

~~F. Nothing in this section is intended to preclude Parent Agencies and Covered Facilities from using state-of-the-art prevention and intervention methods which are focused on avoiding the use of any type of restraint or seclusion which may be in addition to methods taught in the Covered Facilities approved curriculum. Any special approvals required in this section pertain to the addition of methods of physical restraint which are not a part of the Covered Facilities approved curriculum.~~

~~XL. Training and Supervision~~

~~A. In addition to any training, supervision and evaluation requirements set forth elsewhere in these Child Care Regulations, each Covered Facility and/or Parent Agency must meet the requirements set forth in this section relative to orientation, training and supervision and requirements pertaining to the use of crisis intervention and restraint.~~

~~B. Training:~~

~~1. New Service Providers~~

~~a) Each Covered Facility must ensure that every new Service Provider successfully completes the training prescribed below in regard to crisis intervention and restraint prior to that Service Provider being authorized to be solely responsible for any child or children in the care of the Covered Facility. Covered Facilities and/or Parent Agencies must also ensure that all new Service Providers are given the opportunity to complete such training within thirty (30) days from their date of hire. The required new Service Provider training includes, but is not limited to:~~

~~(1) A minimum of sixteen (16) hours of training in the Covered Facility's approved crisis intervention and restraint model or the prescribed number of minimum hours identified within the model, whichever is greater.~~

~~(a) Such training shall include role-playing in de-escalation, demonstration by the Service Provider of each hold and self-protection method taught, and written pre-training and post-training tests.~~

~~(b) Successful completion of this training must be verified by a written sign-off from the trainer stating that the Service Provider has successfully completed the training program and that he/she can competently implement the components of the training program. A copy of this documentation shall be kept in the Service Provider's personnel file.~~

~~(2) When not included as a part of the Covered Facility's approved crisis intervention and restraint training model, each Service Provider shall also successfully complete training in the following:~~

~~(a) Avoidance of power struggles;~~

~~(b) Aggressive behavior related to a medical condition;~~

~~(c) Physiological impact of restraint;~~

- ~~(d) Monitoring physical signs of distress and obtaining medical assistance;~~
- ~~(e) Legal issues;~~
- ~~(f) Positional asphyxia;~~
- ~~(g) Self protection techniques;~~
- ~~(h) Process for obtaining approval for continued restraint;~~
- ~~(i) Documentation;~~
- ~~(j) Investigation of injuries and complaints.~~

- ~~2. Annual Training: Each Covered Facility and/or Parent Agency shall ensure that all staff, on a minimum of an annual basis, receive a minimum of eight (8) hours of refresher training in the Covered Facility's approved crisis intervention and restraint model or the prescribed number of minimum hours of refresher training identified within the model, whichever is greater.~~
 - ~~a) Such training shall include role-playing in de-escalation, demonstration by the Service Provider of each hold and self-protection method taught, and written pre-training and post-training tests.~~
 - ~~b) Successful completion of this training must be verified by a written sign-off from the trainer stating that the Service Provider has successfully completed the training program and that he/she can competently implement the components of the training program. A copy of this documentation shall be kept in the Service Provider's personnel file.~~
- ~~3. It is the responsibility of the Covered Facility and/or Parent Agency to ensure that any and all Relief Staff utilized by the Covered Facility who may not be regular employees of the Covered Facility and/or Parent Agency have successfully completed the same training required of the regular Service Providers for the Covered Facility and/or Parent Agency.~~
- ~~4. No employee or Relief Staff member for the Covered Facility shall participate in a restraint if they have not successfully completed the required training in crisis intervention and restraint.~~

~~C. Supervision:~~

- ~~1. Each Covered Facility and/or Parent Agency shall ensure that the use of crisis intervention and restraint is routinely addressed in individual and/or group supervision with all Service Providers and clinical staff. Such supervision shall focus on analyzing individual interventions as well as patterns of intervention to identify ways to increase the effective use of prevention methods and further reduce the use of restraint within the Covered Facility.~~
- ~~2. Each Covered Facility and/or Parent Agency shall ensure that every Service Provider's annual performance evaluation include an evaluation of the Service Provider's use of crisis intervention and restraint.~~

~~XLI. Use of Restraint, Seclusion, Time Out and Behavioral Modification~~

- ~~A. Covered facilities must develop written policies and procedures regarding their focus on creating a positive environment to reduce the use of restraint or seclusion and must submit these to the Department for review and approval.~~

1. ~~These policies must promote optimal resident functioning in a safe and therapeutic manner and must minimize the adverse consequences of the use of restraint or seclusion.~~
 2. ~~These policies must minimally address trainer certification, staff training, alternative intervention strategies, de-escalation techniques, internal and external reporting requirements including the obtaining of informed consent relative to the use of restraint from the child/youth's parent/guardian, data collection and use of data for quality assurance purposes.~~
 3. ~~Each Covered Facility is expected to have a process for regular review and, as appropriate, modification of these policies.~~
 4. ~~Each Covered Facility must ensure that all Service Providers thoroughly review and understand these policies and procedures. Documentation that these policies and procedures have been reviewed with each Service Provider by a staff member in a supervisory position must be included in each Service Provider's personnel file. Such review and documentation shall occur within thirty (30) days of hire and annually thereafter.~~
- B. ~~Covered facilities are not permitted to use seclusion or restraint as a means of coercion, discipline, convenience or retaliation by staff.~~
- C. ~~Covered facilities are not permitted to use restraint or seclusion as substitutes for direct care, activities or other services.~~
- D. ~~No child/youth may be restrained solely for non-compliance with a program rule, staff directive or other expectation.~~
- E. ~~In accordance with RIGL 42-72.9-4(C)(8), restraints may not be written as a standing order or on an "as needed" (PRN) basis.~~
- F. ~~The physical condition of a child/youth must be assessed throughout the duration of the incident. Such assessment may be conducted by a service provider who is directly involved in the restraint or seclusion but only if it is not practicable for another staff person to perform this duty.~~
- G. ~~Unless otherwise prescribed elsewhere in these regulations or applicable state laws and/or Federal laws or regulations, the Covered Facility and/or Parent Agency shall ensure that a supervisory or senior staff person with training in crisis intervention, restraint and seclusion who is competent to conduct a face-to-face assessment will assess the mental and physical well-being of a child/youth being restrained or secluded and assure that the restraint or seclusion is being conducted in a safe manner and in accordance with the Covered Facility's crisis intervention and restraint policies and procedures.~~
1. ~~Such an assessment shall take place as soon as is practicable, but in no case later than one (1) hour after the initiation of the restraint or seclusion, and~~
 2. ~~A supervisory or senior staff person shall continue to monitor the situation by minimally conducting follow-up face-to-face assessments every fifteen (15) minutes for the duration of the restraint or seclusion.~~
- H. ~~The Covered Facility must ensure that all children/youth directly and indirectly involved in a restraint or seclusion are provided the opportunity to debrief the incident as soon as practicable but no longer than within twenty-four (24) hours of the incident.~~

- ~~I. The use of restraint, seclusion or time-out must not unduly hinder the evacuation of the resident in the case of a fire or other facility emergency.~~
- ~~J. Use of Therapeutic Physical Restraint~~
 - ~~1. Unless the Covered Facility obtains a variance prior to implementation, the use of any form of restraint other than physical restraint is prohibited.~~
 - ~~2. Therapeutic Physical Restraint of a child/youth may be used only when each of the following criteria are met:~~
 - ~~a) In emergency circumstances where a child/youth is demonstrating by his/her actions that he/she is at immediate or imminent risk of physically harming him/herself or others; and~~
 - ~~b) Less restrictive interventions have not succeeded in de-escalating the situation.~~
 - ~~3. It is the responsibility of the Program Manager for the Covered Facility, and the Covered Facility's Parent Agency, to ensure the following:~~
 - ~~a) That all Service Providers who may be engaged in physically escorting or physically restraining a child/youth in their care have received the appropriate training, as outlined elsewhere in this section, in the Covered Facility's crisis intervention and restraint model prior to being required to physically escort or physically restrain a child/youth in their care;~~
 - ~~b) Pursuant to RIGL 42-72.9-4(A), no Service Provider may use a life threatening physical restraint on any child at any time. In addition, other procedures that are expressly prohibited include any restraint procedure which involve choke holds, headlocks, full nelsons, half nelsons, hog-tying or the use of pressure points to inflict pain;~~
 - ~~c) The use of physical restraint is viewed by staff as an intervention of last resort to be imposed only in emergency circumstances to prevent immediate or imminent risk of harm to the physical safety of the child or other individuals in the facility. The staff member(s) involved in the restraint must be able to show that less restrictive interventions were attempted to de-escalate the child/youth with limited or no success in maintaining safety.~~
 - ~~d) In accordance with the procedures relative to the termination of a restraint and debriefing outlined in the crisis intervention and restraint training program used by the Covered Facility, physical restraints are removed at the earliest possible time that the child can commit to safety and no longer poses a threat to him/herself or others.~~
 - ~~4. For those Covered Facilities which also contain a school program and in accordance with RIGL 42-72.9-4(C)(4), that, except in emergency situations as defined by these regulations, the use of restraint in the school program be done in accordance with the child's Individual Educational Plan (IEP).~~
- ~~K. Use of Mechanical Restraint~~
 - ~~1. The use of mechanical restraint is considered by the Department to be a more restrictive intervention than the use of physical restraint.~~
 - ~~2. The use of mechanical restraint is authorized in accordance with RIGL 42-72.9-4(C)(2) and is limited to those Covered Facilities which have~~

~~received the express approval from the Department for the use of mechanical restraints pursuant to statute. Such use will be limited to those devices defined in RIGL 42-72.9-4(C)(2) that are devices specifically designed for the restraint of humans for conducting medical procedures and only when the use of mechanical restraint and the circumstances and conditions of such use is identified within the child/youth's treatment plan. No Covered Facility shall be granted authority to use any type of handcuffs or leg irons.~~

~~a) Such Covered Facilities must develop policies and procedures regarding the use of mechanical restraint and submit those to the Department for review and approval.~~

~~b) Covered Facilities authorized to use mechanical restraints shall ensure that such restraints are used only when each of the following criteria are met:~~

~~(1) In emergency circumstances where a child/youth is demonstrating by his/her actions that he/she is at immediate or imminent risk of physically harming him/herself or others; and~~

~~(2) The use of less restrictive interventions have been attempted and documentation exists that such interventions were not successful.~~

~~(3) The use of mechanical restraint has been ordered in writing by a physician and is administered in accordance with the standards adopted by a Medicaid-approved accrediting agency or commission.~~

~~(4) The application of the mechanical restraint apparatus is done by service providers who, by way of documentation existing in their personnel files, are trained and certified in the use of the restraint apparatus, alternatives to the use of such apparatus, methods of preventing the use of such apparatus and any potential medical complications which could arise from the use of such apparatus.~~

~~(5) In circumstances where a mechanical restraint is used with a child/youth, the Covered Facility and/or Parent Agency must ensure that a face-to-face assessment is conducted by a licensed practitioner within one (1) hour of the commencement of the mechanical restraint.~~

~~3. The Department reserves the right to deny and/or withdraw any Covered Facility's authorization for use of mechanical restraints.~~

~~4. Nothing within these regulations is intended to limit the use of mechanical restraint for medically necessary procedures associated with acute medical or surgical care or with standard medical practices that include limitation of mobility or temporary immobilization related to medical, dental, diagnostic or surgical procedures and the related post-procedure care (for example, surgical positioning, IV arm boards, radiotherapy procedures, protection of surgical and treatment sites in pediatric patients).~~

~~L. Use of Chemical Restraint~~

- ~~1. The use of chemical restraint is considered by the Department to be a more restrictive intervention than the use of physical restraint, seclusion and/or mechanical restraint.~~
- ~~2. In accordance with RIGL 42-72.9-4(C)(6) and the Federal Children's Health Act of 2000, the use of chemical restraint is authorized in accordance with RIGL 42-72.9-4(C)(6) and is limited to those Covered Facility's which have received the express approval from the Department for the use of chemical restraint pursuant to statute. The use of chemical restraint may be authorized only when such use and the circumstances and conditions of such use is identified within the child/youth's treatment plan.~~
 - ~~a) Such Covered Facilities must develop policies and procedures regarding the use of chemical restraint and submit those to the Department for review and approval.~~
 - ~~b) Covered Facilities authorized to use chemical restraints shall ensure that such restraints are used only when each of the following criteria are met:~~
 - ~~(1) In emergency circumstances where a child/youth is demonstrating by his/her actions that he/she is at immediate or imminent risk of physically harming him/herself or others; and~~
 - ~~(2) The use of less restrictive interventions have been attempted and documentation exists that such interventions were not successful.~~
 - ~~(3) The use of chemical restraint has been ordered in writing by a physician and is administered in accordance with the standards adopted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).~~
- ~~3. The person administering and monitoring the use of the chemical restraint is an appropriately licensed practitioner who is duly trained in the administration of such medication.~~
- ~~4. The Department reserves the right to deny and/or withdraw any Covered Facility's authorization for use of chemical restraints.~~

~~M. Use of Seclusion~~

- ~~1. In accordance with RIGL 42-72.9-5 (A)(2), the simultaneous use of seclusion and mechanical or chemical restraint is prohibited.~~
- ~~2. Nothing in this section shall be construed to limit the use of "time-out" as defined elsewhere in these regulations and RIGL 42-72.9-3(8).~~
- ~~3. The use of seclusion is limited to those Covered Facility's which have received written authorization from the Department for the use of such an intervention.~~
 - ~~a) Such programs must develop policies and procedures, including their rationale for using seclusion, regarding the use of seclusion and submit those to the Department for review and approval.~~
 - ~~b)a) In accordance with RIGL 42-72.9-5, the Federal Children's Health Act of 2000 and these regulations, no service provider may cause the involuntary placement of a child/youth in seclusion unless each of the following conditions are met:~~

- ~~(1) The Covered Facility in which they are employed is authorized by the Department to use seclusion with clients; and~~
- ~~(2) Documentation exists in the Service Provider's personnel file certifying that the Service Provider has been trained in the use of restraint and seclusion, alternatives to use of such interventions, methods of preventing use of such interventions and any potential medical complications which could arise from the use of such seclusion.~~
- ~~(3) An emergency circumstance exists whereby a child/youth is demonstrating by his/her actions that he/she is at immediate or imminent risk of physically harming him/herself or others;~~
- ~~(4) The use of less restrictive interventions have been attempted and documentation exists that such interventions were not successful; and~~
- ~~(5) The room used for the purposes of seclusion meets the following criteria:
 - ~~(a) The entrance to the room is unlocked;~~
 - ~~(b) The room is lighted and well-ventilated;~~
 - ~~(c) The room is at a minimum fifty(50) square feet in area; and~~
 - ~~(d) The room contains an observation window the dimensions of which permit a child/youth to be in view regardless of where she/he is positioned in the room.~~~~
- ~~e) The condition of the child/youth in seclusion must be continually assessed, monitored and re-evaluated and the seclusion must be ended at the earliest possible time, considering the physical safety of the child being secluded and other individuals in the facility.~~

- ~~4. The Department reserves the right to deny and/or withdraw any Covered Facility's authorization for use of seclusion.~~

~~N. Use of Time-Out~~

- ~~1. Covered Facilities are permitted to use "time-out", as defined in these regulations, for purposes of prevention of crises and behavior management.~~
- ~~2. Any child/youth who is placed in "time-out" must be in a location which can be visually monitored by a service provider. The distance from the closest service provider to the child/youth who is in "time-out" may vary according to factors such as age, developmental level and potential for stimuli from others but, at no point shall the child/youth who is in "time-out" be outside of the direct line of vision or reasonable speaking distance of the closest service provider.~~
- ~~3. Nothing in these regulations shall be construed to limit the use of procedures such as room restrictions or privilege restrictions which are a defined part of the program's behavior management and positive reinforcement methods.~~

~~Q. Use of Behavior Modification Procedures~~

- ~~1. Nothing in these regulations shall be construed to limit the use of Behavior Modification Procedures which are a part of a Covered Facility's Behavior Modification Program provided such program is principally focused on positive reinforcement and is approved by the Department.~~
- ~~2. The use of aversive techniques within the context of behavioral treatment interventions is prohibited. Aversive techniques include, but are not limited to the following:~~
 - ~~a) Noxious, painful, intrusive stimuli or activities that result in pain;~~
 - ~~b) Any form of noxious, painful or intrusive spray or inhalant;~~
 - ~~c) Electric shock;~~
 - ~~d) Water spray to the face~~
 - ~~e) Pinches and deep muscle squeezes;~~
 - ~~f) Shouting, screaming or attempting to verbally frighten or threaten or the use of obscene language~~
 - ~~g) Withholding adequate sleep;~~
 - ~~h) Withholding adequate shelter or bedding;~~
 - ~~i) Withholding bathroom facilities;~~
 - ~~j) Withholding meals, essential nutrition or hydration;~~
 - ~~k) Facial or auditory screening devices; and~~
 - ~~l) Use of chemical restraints except under conditions described elsewhere in these regulations.~~

~~XLII. Documentation, Reporting and Quality Assurance~~

- ~~A. Each Covered Facility shall develop and adopt policies and procedures that establish monitoring, documentation, reporting and internal review of the use of restraint and seclusion. These policies must minimally address the requirements for the training and supervision of Service Providers regarding the use of restraint and seclusion, documentation, procedures for the reporting of incidents to the Department and quality assurance outlined in these regulations. Such policies must also address procedures for the notification of incidents to parent(s)/guardian(s)~~
- ~~B. Each Covered Facility must ensure that these policies and procedures are thoroughly reviewed with each Service Provider during their initial thirty (30) days of employment. Documentation that such a review has occurred is to be placed in each Service Provider's employee file with that person's signature affirming that they have reviewed and understand these policies and procedures.~~
- ~~C. Documentation:~~
 - ~~1. In accordance with RIGL 42-72.9-6, any use of physical, mechanical or chemical restraint or seclusion must be documented using an Incident Report (IR) and must be documented in a progress note in the child's medical, educational, treatment or case record maintained by the covered facility.~~
 - ~~a) Progress notes may more generally describe the incident provided that the note references the specific IR on which the~~

~~details of the incident are clearly identified. Otherwise the progress note must contain the same level of detail of the incident as is described below for IR documentation.~~

~~b) All IR's shall include the following information:~~

- ~~(1) Date, day of the week, time of day and the activity in which the child/youth was involved at the time of the incident;~~
- ~~(2) The following information on all children/youth who were restrained during the incident:
 - ~~(a) Name~~
 - ~~(b) Date of Birth~~
 - ~~(c) Admission Date~~~~
- ~~(3) Name and contact information for any other persons who may have been directly involved in or witnesses to the incident provided those persons are identifiable to the Covered Facility and willing to provide such information;~~
- ~~(4) A sequential identification of the antecedents to the incident, including attempts by service providers to prevent and de-escalate the situation prior to choosing to restrain or seclude the child/youth;~~
- ~~(5) In the case of those Covered Facilities who have been granted permission to use mechanical or chemical restraint or seclusion, a description of the use of all less restrictive interventions, including other forms of restraint, or reasons why such interventions were deemed to be unlikely to be successful with this particular child/youth in this situation;~~
- ~~(6) A detailed description of the nature of the restraint and its duration, including documentation that the required monitoring and assessment of the child/youth has been completed in accordance with these regulations;~~
- ~~(7) A brief description of the debriefing of the restraint with the child/youth involved;~~
- ~~(8) A description of any injuries and/or death occurring due to or resulting during the restraint and all emergency and medical interventions on the part of staff and qualified medical providers to address these;~~
- ~~(9) A description of the effect, if any, on the child's established medical, educational or treatment plan (i.e., changes in treatment plan, medication adjustment, change in placement, etc.);~~
- ~~(10) A place where the service provider completing the form can print their name and title and a signature/date line for said service provider.~~
- ~~(11) Places for supervisory and administrative signatures, including space for the printing of the supervisor's/administrator's name, title and the date of their review of the IR.~~

- c) ~~All IR's are to be completed as soon as practicable, preferably by the service provider who was most directly involved in the incident. However, in no circumstances shall the IR be completed later than the end of the shift in which the incident of restraint or seclusion took place.~~

~~D. Reporting Requirements~~

1. ~~Nothing in this section affects the statutory requirements of service providers and/or Covered Facilities to report incidents of possible abuse or neglect resulting from an incident of restraint or seclusion or any other statutory reporting requirements. All reporting requirements in this section are in addition to such statutory requirements.~~
2. ~~Unless noted otherwise in these regulations, the Covered Facility shall, on a monthly basis, forward to the DCYF Program Monitor for that Covered Facility copies of all Incident Reports involving the use of restraint or seclusion. Said reports must be received by the Program Monitor no later than the 5th business day of the month for reports for the preceding month.~~
3. ~~Incidents Requiring Immediate Notification to the Department~~
 - a) ~~The Covered Facility's Program Manager, or his/her superior, shall immediately report directly to the Director of the Department or his/her designee any use of restraint or seclusion which results in the serious physical injury of a child as defined in these regulations, or the death of a child.~~
 - b) ~~The Director of the Department or his/her designee shall, upon receiving and verifying such report, immediately forward to the Office of the Child Advocate any incidence of restraint or seclusion which results in the serious physical injury or death of a child.~~
4. ~~Urgent Need for Notification: Each Covered Facility shall, within 24 hours of the conclusion of a restraint or seclusion (or by the beginning of the next business day, whichever comes first), report to the child/youth's social caseworker or probation officer any incident of restraint or seclusion which results in injury to any person, provided said injury does not fall under the immediate procedures defined above for incidents resulting in the serious physical injury or death of a child/youth, or allegations of abuse.~~
5. ~~Facility Logs and Annual Compilation of Data~~
 - a) ~~Weekly Log: Each Covered Facility shall maintain a separate weekly log regarding the use of physical, mechanical or chemical restraint or seclusion on a child in their care and the nature of the emergency that necessitated its use. Such logs must minimally contain the same information required on the IR and may be made up of copies of the IRs for that week.~~
 - b) ~~Annual Compilation of Restraint and Seclusion Data~~
 - (1) ~~No later than the first (1st) Monday of February of each year, each Covered Facility shall report to the Director of the Department an aggregate compilation of the incidents of restraint and seclusion within that program during the previous calendar year.~~

- (2) This annual report shall include the following aggregated categories for the reporting year:
 - (a) Total number of children/youth served by the Covered Facility;
 - (b) Total number of children/youth who were restrained and secluded;
 - (c) Total number of incidents of physical restraint with the average duration for all physical restraints and broken out by gender, race and age of child/youth;
 - (d) If applicable, the total number of incidents of mechanical restraint, broken down by type of mechanical device used, with the average duration of all mechanical restraints and broken out by gender, race and age of child/youth;
 - (e) If applicable, the total number of incidents of chemical restraint with the average duration of all mechanical restraints and broken out by gender, race and age of child/youth;
 - (f) If applicable, the total number of incidents of seclusion with the average duration of all seclusion incidents and broken out by gender, race and age of child/youth;
 - (g) A description of how this data was used throughout the reporting year to identify trends with staff, both individually and as a group, and residents, both individually and as a group, in order to reduce the use of restraint and seclusion within the Covered Facility.
- (3) Covered Facilities may include in this report any other descriptive information which they believe is important to understanding the data presented.
- (4) Pursuant to RIGL 42-72.9-6(B)(2), the annual report of each Covered Facility shall be a public record and therefore Covered Facilities shall not include in it information which can identify specific children/youth, staff or others.
- (5) This annual report shall be signed by the Program Manager for the Covered Facility and the chief executive of the Parent Agency.

E. Quality Assurance

- 1. Each Covered Facility shall develop methods by which the use of restraint and seclusion is monitored and internally reviewed to identify patterns and practices of service providers as a group or as individuals. Such methods shall include mechanisms by which data acquired by these reviews will be used to positively affect practices within the Covered Facility and within individual service providers.
- 2. The Director of the Department reserves the right to develop and institute a committee which, in addition to other duties, would serve to review the

~~use of restraint and seclusion within all Covered Facilities and make recommendations to him/her regarding any changes to regulations, policies or practices within the Department, within all Covered Facilities or within individual Covered Facilities. This Committee may include representatives of the Department, representatives of other state agencies, representatives of Covered Facilities, parents of youth involved or previously in the system of care, youth involved or previously involved in the system of care and other individuals deemed necessary by the Director.~~

~~XLIII. Penalties for Covered Facilities Due to Non-Compliance~~

- ~~A. In accordance with RIGL 42-72.9-8, any Covered Facility that does not comply with the provisions of the statute and, by extension, these regulations, shall be subject to licensing action by the Department which may include license revocation.~~
- ~~B. Any Covered Facility upon which the Department imposes a licensing action is entitled to utilize the Department's Administrative Appeals Process and any other legal remedies granted by State or Federal Statutes to appeal the decision of the Department.~~